

**KENTUCKY COMMISSION ON SERVICES AND SUPPORTS FOR INDIVIDUALS
WITH MENTAL ILLNESS, ALCOHOL AND OTHER DRUG ABUSE DISORDERS
AND DUAL DIAGNOSES**

July 15, 2003

Update Report of the HB 843 Advance MH Directive Work Group

Co-Chairs: Carolyn Kates-Glass, Kentucky Consumer Advocate Network
Sheila Schuster, KY Mental Health Coalition & KY Psychological Assn.

Members:

Joyce Boles, Caritas Peace Center; Pat Brodie, Central State Hospital; Todd Cheever, UK Department of Psychiatry; Molly Clouse, KYCAN; Jim Coleman & Elaine Chisholm, Recovery Network of Northern Kentucky; Sheriell Cunningham, Mental Health Association-KY; Jim Dailey and Dr. Harry Mills, National Alliance for the Mentally Ill (NAMI); Bill Doll, KY Medical Association; Gary Goetz, NorthKey Community Care; Dr. Scott Hedges, Seven County Services, Inc.; Karen Hinkle, KY Home Health Association; Dr. Barbara Jefferson, Comprehend, Inc.; Ramona Johnson, Bridgehaven; DeeAnn Mansfield, LRC; Bill Morrison and Laura Early, Protection & Advocacy; Carol Ormay, Kentucky Hospital Association; Carol Saylor, Office of Consumer Advocacy, DMH; Steve Shannon, KY Association of Regional MH/MR Programs; Dr. Art Shechet and Connie Milligan, Bluegrass Regional MH/MR Board; Sandy Silver and Tom Beatty, DMHMRS; Michelle Spurlock and Charlotte Tharp, Norton Healthcare; Theresa Walton, KY Psychiatric Medical Association.

History:

This work group was formed by the HB 843 Commission at the request of the Co-Chairs in response to reports presented during the 2002 General Assembly session describing difficulty in reaching consensus on the development of legislation to establish an advance mental health directive. The Commission Co-Chairs recommended that all stakeholders be invited to the table to participate in the work group and set a deadline of November 20, 2002 to receive recommendations from the work group. The work group participants included those who had been involved in the earlier discussions, as well as others who indicated an interest in being involved once the work group was formed.

Mission/Goal Statement:

To study the implementation of an advance directive for mental health treatment (ADMHT) and, with the input of all stakeholders, to present materials to the HB 843 Statewide Commission for its recommendations. These materials would be in the form of draft legislation to be considered by Rep. Ron Crimm as primary sponsor, for filing in the 2003 Kentucky General Assembly. Results of the work group's study, draft bill language on consensus issues, and description of unresolved issues were to be submitted to the HB 843 Statewide Commission prior to November 30, 2002 so that the Commission could make final recommendations. The goal of the work group has been to develop a plan in which the consumer can be empowered to execute an ADMHT, balanced with the duty and desire of the provider to render ethical, effective treatment which is consistent with community standards.

Structure:

The work group met seven (7) times from June to November, 2002 to identify key issues, analyze legislation in other states, and review relevant state and federal statute and regulations. Because work group participants represented larger constituent organizations, they were responsible for taking back information from the work group, seeking feedback from their organization members and reporting this information back to the work group.

Activities:

The work group reviewed ADMHT legislation in a number of other states, as well as completing a review of state and federal statutes and regulations, including Medicaid and Medicare regulations. Information was reported, reviewed, discussed, debated and applied to a developing consensus regarding major issues. With consensus growing among work group participants, a report was developed and submitted in November, 2002 to the HB 843 Commission; this report formed the basis of the draft bill language.

HB 99 was introduced by its primary sponsor, Rep. Ron Crimm, on January 7, 2003. The bill had 16 co-sponsors in the House of Representatives. The Kentucky Advance Directive for Mental Health Act passed the House (94-0) on February 24, 2003 and the Senate (36-1-1) on March 25, 2003. HB 99 was signed into law by the Governor on April 3, 2003 and became effective on June 25, 2003.

Subgroup Structure:

After the passage of the bill, a subgroup was formed to develop an implementation plan for the legislation. This subgroup, made up of most of the members of the original work group, has met two times since its formation on May 23, 2003. A third meeting is scheduled for July 15, 2003 to finalize development of the Advance Directive for Mental Health Treatment information packet; the final document will then be formatted, published and distributed.

Subgroup Goal Statement:

To develop a plan for implementation of the "Kentucky Advance Directive for Mental Health Act" in order to educate a broad range of individuals and organizations, thereby increasing access by all stakeholders to advance mental health directive information.

Recommendations:

- (1) **Recommendation:** The AMHDT Work Group has met its initial charge and goal through the passage of HB 99 by the 2003 Kentucky General Assembly.

Action: No further action on development and passage of legislation to establish an advance mental health directive is necessary at this time.

- (2) **Recommendation:** We recommend that an implementation and education plan be developed and initiated to assure that consumers, family members and providers are made aware of the AMHDT and know how to use it.

Action: The Implementation Subgroup will complete the development of the AMHDT information packet and its distribution / education plan and will present this information to the HB 843 Commission at its next meeting.

- (3) **Recommendation:** We recommend that after completion of the implementation plan for the AMHDT legislation that this work group be disbanded as a formal entity of the HB 843 Statewide Commission, with monitoring of the legislation's impact to be done by each of the work group's participating organizations and by the HB 843 Statewide Commission.

Action: Approval by the HB 843 Statewide Commission at the October, 2003 meeting to disband the AMHDT Work Group.

**HB 843 AGING WORK GROUP REPORT
JULY, 2003**

1. **Work Group Name:** HB 843 Aging Work Group
2. **Chairs/Co-Chairs:** Phyllis Culp, Chair
3. **Members and their Affiliation:** The original members and their affiliation were:

Jane Thibault
Betty Z. Weis
Sharon E. Mercer, Kentucky Nurses Association
Arleen Johnson, Sanders Brown Center on Aging
Joan Kauffman, CRCC Friendly Village
Bill Cooper, Green River Area Agency on Aging
Dennis Boyd, Commissioner, Department for Medicaid Services (previous member)
Marilyn Ferguson, Department for Medicaid Services
Anne Flynn, Cabinet for Families and Children
Henry Drury, Cabinet For Families and Children
Reg White, DCBS
Dan Howard, KARP
Steve Shannon, KARP
Sheila Schuster, Kentucky Mental Health Coalition
Sue Zimmerman, Seven Counties Services
Calvin Jackson, Seven Counties Services (previous member)
Ruth Morgan, Cumberland Trace Legal Services
Mrs. Helen Ashworth
Inge Petit, Bluegrass MHMR Board
Bonnie Hale, Mountain Comprehensive Care Center
Kathleen Riley, The Medical Center of Bowling Green
Nancy Addington, Director, Lincoln Trail Area Agency on Aging
Rachel Cox , DMHMRS, Division of A & FM
Paul VanWinkle, DMHMRS, Division of A & FM
Barbara Harbin, Communicare
Rick Harding, Communicare
Ann Amburn, Communicare
Gary Landis, West Lake Behavioral Health
Linda Wilkerson, Adair ElderCare (previous)
Marcie Jeffers, DMHMRS
Deborah Rattle, Seven Counties Services, Inc.
Connie Milligan, Bluegrass MHMR Board
Sandy Loperfido, Kings Daughter's Medical Center
Susan Ganote, Caritas Peace Older Adult Partial Hospitalization Program
Larry Carrico, KYASAP
Karen M. Robinson, U of L School of Nursing
Barbara Harkey, LifeSkills
Susan Lawrence
Keith Collins, T. J. Sampson Health Center
Phyllis Culp, Office of Aging
Barbara Gordon, KIPDA
Phyllis Parker, DMHMRS

4. **Brief History: Date Begun, etc.** The Work Group was one of the first original work groups appointed by the Commission. Our first meeting was held in December of 2000. Our initial work was to develop a comprehensive report to the Commission on the service needs, barrier and gaps in access to services for older adults. The group began by reviewing the regional plans to determine if specific

barriers and gaps were identified as it relates to older adults. Since aging was not identified as a specific category in the regional plans, the work group began also to review periodicals and Journal articles for additional information. The work group felt strongly that aging should be represented on the Regional councils and the Commission. This recommendation was made. The work group developed a report of its findings and recommendations. The work group continues to meet on a quarterly basis to address the Work Group Charge.

5. Mission/Goal(s) The goals of the Aging Work Group are to facilitate increased awareness of the mental health, substance abuse and primary care service needs of older adults among professionals, service providers, and policy makers, and to effect change in how the service system respond to the older adult with mental illness or substance abuse problems. The ultimate goal is for Kentucky to have a comprehensive system of care providing quality services to all in need including older Kentuckians. Based on this goal, a charge was developed to structure our work and activities. The charge is as follows:

- 1). Identify treatment needs and reduce the prevalence of mental health and substance abuse issues.
 - a. Commission will develop a means/structure to study the mental health and substance abuse needs of older adults aged 55 and older and will provide this to the Regional Councils to conduct a comprehensive and systematic assessment specific to their geographic areas.
 - b. Regional Planning Councils will identify specific barriers to accessing mental health and substance abuse services for the elderly and develop strategies to reduce them.
 - c. Commission will compile this information to create a comprehensive report of the mental health and substance abuse service needs of older persons in Kentucky and will develop a comprehensive plan, based on the study, for a service system prepared to serve older persons with mental health and substance abuse service needs.
- 2). Include consumers, caregivers, family members and providers in needs assessment and service planning.
 - a. The Commission will assure that its membership include elderly consumers, caregivers, family members of older adults and professionals from the aging network.
 - b. Regional Planning Councils will assure that membership of the council includes elderly consumers, caregivers, family members of older adults and professionals from the aging network.
- 3). Initiate interface between the physical and behavioral health care system to continuous exchange of geriatric knowledge base of mental health and substance abuse issues.
 - a. Develop and fund projects to blend (or braid) funding streams for aging and mental health, which foster coordination of services between mental health aging and primary care providers.
- 4). Provide geriatric health knowledge to primary care physicians and all other professionals working with the elderly to assure the provision of quality services.
 - a. Develop Partnerships with regional universities having graduate health related programs specific to geriatric health issues for education and research.

6. Structure: Subgroups and their membership and activities: The Aging Work Group split into small work groups to address each item of the charge with the exception of charge number 4. The small work groups have provided information and recommendations to the larger Aging Work Group. Work Groups included: Caregiver Survey and Primary Care. Activities include:

- The work group reviewed models for a caregiver, recipient/consumer and provider surveys as it was felt that additional information that was reflective of statewide trends and culture was needed. The work group reviewed surveys completed by NorthKey, Seven Counties/KIPDA and other surveys in this area. It was further recommended that the group look at surveys completed by the Mental Health and Aging Coalitions and the local coalitions. There is a need to check to see if the Regional Planning Councils have conducted surveys in this area. Possible funding for the statewide survey would be through grant from HSRA, Robert Wood Johnson etc. Recommend work with UK to write this grant. There was further discussion about the possibility of the Regional Planning Councils conducting the provider surveys based on modified format used by Seven Counties Services (HB 843 template). Each category of the survey would need to be defined and data experts are recommended to look at the design so that there would be an effective analysis. Also seek Area Agency on Agency input into the survey. Recommend that survey be compartmentalized. Send out a series of brief short surveys. There is a need for flexibility across regions to address region's key/unique differences.

A second area of discussion was centered on requesting that the Regional Planning Councils conduct a Caregiver Survey using the KIPDA Caregiver survey as a model with some additions. There is a specific need for dual diagnosis and substance abuse, medications questions etc. Education of Caregivers should be included. Surveys should be sent to Nutrition Sites, High Rises, Senior Center, Adult Day and Adult Day Health Care Centers. Request assistance from students in obtaining information from seniors in order to complete the surveys. There is a need for research analysis and funding.

- The work group interfaced with the Primary Care Work Group for charge number 3. Invited the chair of the Primary Care Work Group to meet with this work group to share information regarding initiatives and activities of the Primary Care Work Group.

The Primary Care Project at Caritas was reviewed as an example of a best practice. The Aging Work Group designed a survey for work group member to ask of five primary care physicians in order to receive their reactions on and interest in incorporating mental health services in their practice. The Work Group is considering asking the same questions to the Community Mental Health Centers in order to receive knowledge on blending services. The Work Group encourages CMHCs to develop working relationships with other agencies that provide services to older adults in the provision of mental health services as older adults are inclined mainly to use primary care for services.

Also reviewed grant activities to expand behavioral health services in primary care at the Family Health Care Centers in Louisville. Jefferson County Portland Clinic served as the anchor.

- The work Group is interested in the Caregiver Needs assessment Survey sponsored by Sanders Brown Center on Aging and the Office of Aging. The work group has kept up to date on progress of the needs assessment survey. The work group will be utilized to look at the assessment and address mental health and substance abuse issues. Discussed the barriers to funding for services for older adults including Medicare.
- Discussed developing case scenarios related to the barriers in accessing services. Also reviewed Medicaid's policy on reimbursement for psychiatric visits in the primary care setting since this is the primary place that the elderly go to seek treatment. In correlation with this, types of depression scales were reviewed that would be more appropriate for the primary care setting as there is a need for a scale to identify problems and to alert professionals of the need to make referrals.
- Formally requested that the Professional Staffing work group include in its consideration the need for trained professionals in the field of gerontology. Work Group chair came to an Aging work group meeting to provide an update of this work group's activities. The Aging Work Group has appointed a liaison to this work group.
- Further activities of the Aging Work Group include collaboration with the Professional Staffing Work Group by identifying specific topics to be addressed by the workgroup and to provide examples of

how a model program would look and what the group would like for educators to know in the area of geriatric education. The Aging Work Group is currently reviewing resources and gaps in programs. Discussed the importance of education of Primary Care Physicians and that this could possibly be addressed through the license renewal process.

- Conducted a Regional Planning Council Survey and received responses from seven regions. Of the regions that responded, all had older adults or representatives of older adults on their council.

8. Recommendations, if any

Recommend that Regional Planning Councils use the local mental health and aging coalition as a resource for feedback on plans, surveys, information etc. as it relates to older adults.

HB 843 Children's Workgroup

Chair: Christopher Cecil, Director, State Interagency Council (SIAC) for Services to Children with an Emotional Disability

Members: Please see attached listing.

History: The Children's Workgroup was reconvened by the chairpersons of the HB 843 Commission, Secretary Marcia Morgan and Representative Mary Lou Marzian. They requested that the Children's Workgroup review the recommendations outlined in the Legislative Research Commission's Program Review and Investigations Committee Study of the IMPACT Plus program which was authorized in May, 2001 and approved in December, 2001. In January of 2002, the HB 843 Commission directed the Children's Workgroup to review the recommendations in the IMPACT Plus Report and develop a work plan detailing the actions and timeframes needed to implement the recommendations. The following is an update on the progress made and the timeframes of the remaining tasks.

Mission/Goal Statement:

To increase and improve effective mental health and substance abuse services to children and youth through the coordinated and efficient use of federal, state and local resources.

Structure: Four subgroups were formed to explore and identify the recommended continuum of care, access issues, most pressing unmet needs and current expenditure of dollars. These four subgroups have completed their tasks which are listed below. Two additional subgroups have been formed to finish the necessary work. The Children's Workgroup has met several times over the past year, with numerous meetings of the smaller committees during that time.

Activities since last Report:

The following tasks have been completed:

- identification of the recommended continuum of behavioral health services for children,
- identification of barriers to accessing services for children in need of behavioral health services,
- identification, with the assistance of the Regional Planning Councils, the most pressing unmet needs, in priority order, regarding behavioral health services for children; and
- enumeration of public dollars currently spent on children's behavioral health services in the Commonwealth, with the assistance of the State Interagency Council and public agencies represented on the Council.

Two sub-workgroups have been formed to complete the remaining tasks. The first is currently identifying and will report on the state-of-the-art behavioral health services being delivered to children in Kentucky and is known as the "Evidence Based Practices" subgroup. The second subgroup, "Coordination Strategies", is now meeting to make recommendations about improving the coordination of services to children with behavioral health needs.

Evidence Based Practices Subgroup

A survey has been developed for credentialed mental health and substance abuse professionals in Kentucky to

- 1) identify the workforce of those individuals who are providing services to children. This will provide the opportunity to “size” the workforce and identify who the providers are (by professional affiliation) and where they practice. The information gathered will assist in determining trends in the service delivery system; and
- 2) solicit the judgement of behavioral health professionals as to the appropriate outcome measures used to determine the effectiveness of services, an important task in “managing” the children’s system of care.

Coordination Strategies Subgroup

This subgroup will develop recommendations for coordinating collaborative strategies to serve children in need of behavioral health services, with an anticipated completion date in the autumn of 2003. Specific presentations will be scheduled to address each of the following topics:

- balancing the need for local flexibility with state oversight for system accountability, including coordination of mental and behavioral health services in the school system,
- determining the most appropriate roles for public and private service providers, including the community mental health centers,
- identifying the efficient and equitable balance of funding between children with severe conditions requiring intensive and expensive services and children with less severe conditions more likely to be ameliorated with less expensive interventions,
- maximizing federal funding streams for behavioral health services without imposing an excess General Fund burden to be borne entirely by the Department for Medicaid Services; and
- determining management structures that allow local coordination of programs among agencies, but still maintain accountability to the state funding agency.

Recommendations

The next meeting of the Children’s Workgroup is November 6, 2003. The final recommendations will be completed following that meeting and will be available for presentation to the HB 843 Commission.

HB 843 Children's Workgroup Members:

Updated 4/10/02

Karen Blackwell Franklin County Family Court	Dana Jackson Dept. for community-Based Services
Judy Mallory Ky Dept of Education	Sandy Goodlett Family Resource & Youth Service Centers
Ron Herald, RN Division of Adult and Child Health	Kelly Warren Prevent Child Abuse KY
Bill Heffron Department for Juvenile Justice	Barbara White Coulter Former State Representative
Tricia Salyer Dept. for Medicaid Services	Vivian Link KDE Staff Administrator
Bruce W. Scott Division of Mental Health	Dan Howard KARP
Randy Oliver Division of Mental Health	Steve Shannon KARP
Rebecca Garrett SIAC Parent Rep.	Sheila Schuster KY Mental Health Coalition
Nancy Rowena Brown The Humanity Project	Colleen Ryall Traumatic Brain Injury
Christopher Cecil State Interagency Council	Carol Cecil KPFC
Becci Fulks Ashland, KY	Paul Vanwinkle A & FM
Dr. Mohammad Shafi Bingham Child Guidance Center	Rachel Cox A & FM
Richard Hamon Lexington, KY	Sandy Renfro Adanta Children's Services Coordinator
Bonnie Hale Mountain CCC	Carolyn Self Pennyroyal MH Center
Virginia Hood Public Advocacy	Beverly Sivley Sivley House
Jill West Cumberland River Comp Care	Mike Sewell Cumberland River Comp Care
Michael Downer, Ed.D NorthKey Family & Children's Services	Tamara Martin LifeSkills, Inc.

Todd Mullins Mountain Comp Care Center	John Fisher Pathways, Inc.
Trudy Abshire Louisa, KY	Janet Gothard Flatwoods KY
Stephen Applegate Bluegrass MH/MR Board	Bruce Hey Communicare Children's Services
Alice Blackwell DMH/Brain Injury	Carol Wilson SIAC
Thomas L. Young, M.D.FAAP UK Department of Pediatrics	Ron Van Treuren, Ph.D. Seven Counties Services School-Based Svc
Kari Collins Kentucky River CCC	Emily Hutchinson Seven Counties Services
JoAnne Maamry Caritas Peace Center	Alan Chapman Cumberland Hall
Judy Johnson Spencer County Schools	Carl Boes Seven Counties Services
Judy Maupin Bluegrass Comp Care Center	Sharma Klee Division of Adult & Child Health
Jon Akers KY Center for School Safety	Glen Rowe Pathways, Inc.
David Graves Brooklawn	Bart Baldwin Children's Alliance
Beth Armstrong Division of Mental Health	Denise Simpson RIAC Parent
Betty Sweeney DCBS Policy and Program Support	Kim Allen KY Criminal Justice Council
Tara Parker CFC	Maureen Fitzgerald Protection & Advocacy
Larry Carrico KY ASAP	Angela Wilkins KDE, Division Director
Shannon Means Kentucky Center for School Safety	Patrick Yewell, General Manager Dependent Children's Services AOC
Mary Beth Jackson Department for Public Health	Mary Pat Behler NorthKey Youth Substance Abuse Collabor.
Heidi Schissler Lanham Public Advocacy	John Sivley Lifeskills, Inc.

**HB 843 Criminal Justice/Behavioral Health Interface
Workgroup Update Report – July, 2003**

Chair: Dr. Rick Purvis

Staff: Rita Ruggles

Members: **Marty Harrison**, NAMI Bowling Green; **Dr Ed Maxwell**, KDMHMRS; **Harry Mills**, NAMI Ky; **Dennis Boyd**, University of Louisville; **Jim Dailey**, NAMI Ky; **John Adkins**, Mountain Comprehensive Care Center; **Myson Rice**, Adanta; **Heidi Huddleston**, Lifeskills; **Judge Deborah Deweese**, Jefferson County District Court; **Jim McDonald**, Probation and Parole; **Dr Andrew Cooley**, Central State Hospital; **Ron Rice**, Division of Mental Retardation; **Lance Heffer**, Communicare; **Shannon Ware**, Bluegrass Regional MHMR Board; **Karen Quinn**, Kentucky Criminal Justice Council; **Diana Hague**, Seven Counties Services; **Senator Dan Kelly**; **Karen Hascal**, Division of Substance Abuse; **Clyde Miller**, Consumer; **Dr Larry Cease**, Trover Clinic; **George Walker**, Mountain Comprehensive Care Center; **Tom Skirato**, River Valley Behavioral Health; **Joanie Abramson**, Administrative Office of the Courts; **William Stewart**, Kentucky State Police; **Steve Shannon**, KARP; **Sheila Schuster**, KY Mental Health Coalition; **Trish Salyer**, Department for Medicaid Services; **John Walker**, Pennyroyal Mental Health Center; **Mike Townsend**, Division of Substance Abuse; **Barbara Harkey**, Lifeskills; **David Block**, Consumer; **Viki Kohus**, Department for Juvenile Justice; **Michele Murphy**, Caritas Peace Center; **Connie Milligan**, Bluegrass Regional MHMR Board; **Judge Virginia Whittinghill**, Jefferson District Court; **Gary Van Hook**, Family Member; **Mac MacArthur**, Transitions; **Gary Gilkinson**, Kentucky Jailers Association; **Glenn Rowe**, Pathways; **Lisa Beran**, Department of Justice; **Jim Burch**, Seven Counties Services; **Lisa Minton**, Administrative Office of the Courts; **John Lile**, Kentucky State Police; **Maureen Fitzgerald**, Protection and Advocacy; **Jan Bogner**, Health Foundation of Greater Cincinnati; **Karen Jacobs**, Communicare; **Ernie Lewis**, Public Advocate; **Ralph Kelly**, Department of Juvenile Justice; **Hazel Combs**, Department for Corrections; **Carolyn Kates-Glass**, Kentucky Consumer Advocate Network; **Representative Bob Damron**; **Dave Norat**, Department for Public Advocacy; **David Mathews**, Kentucky River Community Care; **Janice Thomas**, KCPC; **Todd Trumbore**, Pathways; **Terry Reams**, Communicare; **Tom Smith**, County Attorney; **Sherry Debord**, Adanta.

Brief History: The Criminal Justice Behavioral Health Interface Workgroup (CJ/BH Workgroup) was one of the first five workgroups established under the HB 843 Commission during FY 01. The focus of the workgroup initially was to review the needs assessments submitted by the fourteen regional planning councils in regards to issues surrounding persons with mental illness and how they interfaced with the multiple components of the Criminal Justice system in Kentucky. Recommendations made by the workgroup focused on the need to develop a continuum of programs and services designed to break the repeated cycling of relapse, arrest and incarceration.

As the result of a four day investigative report issued by the Louisville Courier Journal in the Spring of 2002, that drew attention to suicides in Kentucky Jails, the General Assembly appropriated 550,000 dollars to Department for Mental Health and Mental Retardation Services to develop and implement a suicide prevention training curriculum for all staff who worked in local jails. The actual development of the curriculums content then became the focus of the CJ/BH workgroups efforts during FY 03.

In addition, the chair of the workgroup presented the recommendations to both the Criminal Justice Council and the Kentucky Jail Standards Review Commission to assure that there was support for the implementation of this initiative.

After completion of the tasks related to the Jailers Training, the focus of the workgroup has shifted to Kentucky Revised Statutes 202A and 504. A problem had been identified regarding persons who had been found incompetent to stand trial for violent felony offenses (KRS 504) but did not necessarily meet the criteria for civil commitment (KRS 202A). The gap between the criteria utilized in each of these statutes had allowed for some individuals in Kentucky who had been charged with violent crimes being released into the community to possibly reoffend..

Mission: The current focus of the CJ/BH Workgroup is to review legislation from other states that address the gap between KRS 202A and KRS 504 and make subsequent recommendations to the

HB 843 Commission as to how to ameliorate this problem. In addition, language in HB 269 issued a charge to the Commission to make recommendations for identifying, treating, housing, transporting ,appropriate treatment sites and training for local jailers and other officers of the court who may come in contact with persons incarcerated or in detention but deemed mentally ill.

Structure: Attempts to assure representations of all stakeholders across both the CJ and MH systems were represented on the workgroup. Individuals representing judges, county and commonwealth attorneys, public defenders, jailers, law enforcement, mental health providers from both the community and facilities were invited to participate.

Work Group Activities Since the Last Report: The past chair resigned in December of 2002 and a new chair was not officially appointed until March of 2003. One meeting has been held since the appointment of the new chair. The agenda for this meeting included an overview of the problem related to KRS 202A and KRS 504, a presentation by the Department for Public Advocacy regarding their perspective on the issues and possible solutions, and then a dialogue among workgroup members regarding next steps. The next meeting of the workgroup will be in September of 2003.

Recommendations: The Workgroup has no formal recommendations at this time.

**HB 843 Housing Workgroup
July, 2003**

Chair: Natalie Hutcheson, Kentucky Housing Corporation

Members: Jim Sparks, *KHC*; Carolyn Kates-Glass, Ricky Dublin, *KyCAN*; Garry Watkins, *Wabuck Development*; Barbara Witten, *Bluegrass Regional*; Steve Shannon, *KARP*; Lou Kurtz, Tom Beatty, *DMHMRS*

History: A preliminary meeting of the workgroup was held on June 13th, 2002 with the following needs/issues identified in recommendations from the statewide commission:

- Consumers need increased availability of housing options throughout the state.
- There needs to be more direct state funding and federal matching monies for housing options that include independent living, transitional housing, halfway houses, group homes, assisted living, supervised apartments, and sober housing for individuals in recovery.
- Collaboration should take place with the Kentucky Housing Corporation and other agencies to finance housing developments for consumers.
- There should be increased state funding for housing supports, and increased housing options for older persons at risk of institutionalization.

The first meeting was scheduled for July 19, 2002 to develop specific timetables for implementation.

Mission/Goal Statement: The goals of the housing workgroup are to increase the availability of housing options by increasing system collaboration, housing stock, housing supports, funding, and access to existing housing stock. This would be done by partnering with developers, management companies, and other housing agencies, disbursing the Operating Subsidy Pool as an alternative to Section 8, promoting preferences with housing vouchers for homeless and institutionalized, and by tying service dollars, for Case Managers and CMHC staff, to project funding.

Structure: The workgroup has met seven (7) times in the past year with members gathering information, between the meetings, on specific, identified issues. There are no subgroups.

Activities since Last Report:

- Natalie Hutcheson has investigated an issue brought up at the HB843 hearing with the NAMI members, that shelters should not charge minimum rents without consideration of affordability. Two shelters in Louisville do charge minimum rents. She is looking into charges at rural shelters now to determine if this is an issue elsewhere in the state. The Workgroup added a recommendation to review this information and determine if policy should be made to address the issue.
- Jim Sparks investigated service subsidies for supportive housing in other states. The Workgroup decided not to make a recommendation to do this yet, but instead to add wording to recommendation #2 to say that a recommendation for additional service subsidies may be made after this demonstration is complete.
- The Workgroup discussed the need for additional transitional housing for persons recovering from substance abuse. It was decided to investigate this matter further prior to making a specific recommendation about the number of units needed.

Recommendations:

- (3) **Recommendation:** We recommend continued outreach to create interest in the HOME Tenant-Based Rental Assistance Program. This program provides rental assistance to low-income persons and can be targeted to persons with disabilities.

Action: Kentucky Housing Corporation and the Department for Mental Health/Mental Retardation Services co-sponsored a training on the HOME TBRA program. As a result, one additional group, Matthew 25 has acquired HOME TBRA funding. Both state agencies continue to provide technical assistance and training in order to encourage new applicants. Specifically, Kentucky Housing Corporation is working with Kentucky River Community Care and the Department for Mental Health/Mental Retardation Services has been meeting with Pennyroyal Mental Health.

- (4) **Recommendation:** We recommend that \$100,000 be designated for support services in newly developed rental housing for persons with disabilities funded through the Kentucky Housing Corporation Center for Affordable Housing Finance. These projects would then be followed by the Housing Work Group to determine if this use produces additional incentives for special needs housing over construction financing.

Action: The Kentucky Council on Homeless Policy has applied for funding from the Corporation for Supportive Housing to be used for this demonstration. If not funded, the Housing Work Group recommends that \$100,000 in Affordable Housing Trust Fund dollars be reallocated for this purpose.

- (5) **Recommendation:** We recommend that a statewide interagency coordinator be hired to oversee the efforts of various special needs and supportive housing working groups and consolidate where appropriate.

Action: The Kentucky Council on Homeless Policy has submitted an application to the Corporation for Supportive Housing which includes funding for an interagency coordinator. The Housing Work Group will follow progress on this item.

- (6) **Recommendation:** We recommend that flyers be distributed with all Kentucky Housing Corporation Section 8 and mortgage application packages stating that special programs are available for persons with disabilities.

Action: Sample flyers have been sent to Kentucky Housing Corporation and a meeting was held with the appropriate KHC staff. The Housing Work Group will follow progress on this item.

- (5) **Recommendation:** We recommend that the Homeless and Housing Coalition of Kentucky and others increase advocacy and education on the issue of Supportive Housing in order to increase awareness and funding for the housing and services needed to address the unmet needs of Kentuckians. In order to achieve this, we also recommend that the Regional Planning Councils conduct a follow-up survey to the 1993 housing satisfaction questionnaire conducted by the Cabinet for Health Services.

Action: The Homeless and Housing Coalition of Kentucky is sponsoring a two-day conference on Supportive Housing and is proposing two additional follow-up conferences on the topic.

- (6) **Recommendation:** We recommend that Covington and Jefferson County make available HOME funds for use as Tenant-Based Rental Assistance as is done in Fayette County and the balance of the Commonwealth. This program provides rental assistance to low-income persons and can be targeted to persons with disabilities.

Action: Nonprofit developers have had initial contact with Jefferson County on this matter. No other action has been taken on this recommendation.

Other recommendations include:

1. A Medicaid waiver for services for severely mentally ill persons or that the Kentucky Olmstead funding be expanded to serve additional persons.
2. The Special Needs Housing Subcommittee of the Kentucky Housing Policy Advisory Committee serve as the lead group for special needs housing issues, and coordinate a statewide study of the need for accessible housing units versus present availability.
3. HUD change the Section 8 rule that requires a 2-bedroom utility allowance be used even when a single person is renting a two-bedroom unit.
4. HUD change the 811 Program to allow for full-time services.
5. Kentucky housing authorities operate a Section 8 for homeownership program and a project-based assistance program.
6. The Universal Design Policy developed by KHC be adopted by the Department for Local Government in their housing programs.
7. The Real Choices staff of the Cabinet for Health Services create websites and other forums for persons with disabilities to discuss housing issues at the state and local level.
8. The four Continuum of Care coordinators (Kentucky Housing Corporation, Covington, Lexington/Fayette County and Metro Louisville) investigate the policy of nightly fees at emergency shelters to determine if these fees are appropriate and affordable for homeless persons and if state policy is needed.
9. The planning councils review the number of transitional housing units available to persons recovering from chemical dependency in their region versus the number needed.

No action has been taken on these recommendations.

The Housing Work Group will meet again on August 12, 2003 to prioritize the recommendations and begin work on implementation.

HB 843 PROFESSIONAL STAFFING WORK GROUP
Update Report July, 2003

Chair: Margaret Pennington
Commissioner, Department for Mental Health & Mental Retardation Services
Staff: Karyn Hascal, Michele Blevins

Members of the State-Level Workgroup:

Tom Bruner, Mountain Comprehensive Care HR
Cathy Carter, Seven Counties Services, HR
Beverly Collins, Division of Mental Retardation Training Coordinator
Stephanie Dean & Mickey Sexton, Bluegrass Reg. MHMR Board, HR
Lynne Dunn, KARP, Policy Analyst
Bill Greenwalt, Western Kentucky University Professor & Kentucky Association of
Marriage and Family Therapy Representative
Carolyn Kates-Glass, KY-CAN
Jeanie Keene, CADC Board
Leonard Knight, LMFT Board Representative, & Chief Academic Officer – Kentucky
Christian College
Jack Lewis, Adanta HR
Ralph Lipps, Cumberland River CC HR
Tara Parker, Cabinet for Families and Children
John Parks, Pathways HR
John Rigney, Licensed Professional Counselor, Lindsey Wilson College Professor,
President of the Kentucky MH Counseling Association
Bob Rivera, Communicare HR
Sheila Schuster, Executive Director, Kentucky Mental Health Coalition
John Sohan, Licensed Marriage and Family Therapist, Private Practice
Vivian Zehr, Cumberland River CC HR

Note: Invitee mailing list for Forums and regional team membership lists are also available from Michele Blevins.

History:

The first meeting of the Professional Staffing workgroup was held in April 2002, in response to a charge from the HB 843 Commission. Prior to this meeting, a group of individuals had already been participating in discussion meetings to address staffing concerns. Many of these individuals readily agreed to become part of the state level HB 843 Professional Staffing Workgroup. The state level group determined at an early stage that while the needs were similar across the state, creative solutions may be unique to some regions and could best be achieved with the participation of local players. A statewide Forum was held in May 2002 to bring together stakeholders for the exchange of information and ideas and to spawn the creation of regional teams. The Forum was well attended by all stakeholder groups and was successful in its efforts to begin work at the regional level. A second Forum was held in January 2003 to again bring the state and regional level stakeholders together to report on the progress of the many initiatives that each had been working on since the May 2002 Forum. The state level work group continues to meet on a quarterly basis, the regional groups meet and correspond as deemed appropriate. Planning is underway for a third Forum to be held in the fall of 2003.

Mission/Goals:

The overall **mission** of the Professional Staffing Workgroup is to increase the number and quality of behavioral health professionals in all regions of the state.

Specific **goals** include:

1. Obtaining, and creating mechanisms for continually updating, information about the current supply of behavioral health professionals and the anticipated additional need for behavioral health professionals statewide.
2. Exploring avenues for sharing information and facilitating collaboration between the stakeholders including:
 - The Kentucky Professional Licensure Boards (Social Work, Marriage and Family Therapy, Psychology, Professional Counselors, Certified Alcohol and Drug Counselors, Nursing, and Professional Art Therapists);
 - The Kentucky Association of Regional Mental Health & Mental Retardation Programs (KARP) and the fourteen (14) Regional MH/MR Boards;
 - The Kentucky Council on Post Secondary Education and the Kentucky Virtual University;
 - The public and private colleges and universities in Kentucky; and
 - The Kentucky Department for Mental Health and Mental Retardation Services (KDMHMRS).

Also important is the sharing of information about mandated certifications (e.g. Domestic Violence Offender Treatment Provider Certification, Adult Sexual Offender Treatment Provider) and relevant legislative activity.

3. **Working with the institutions of higher education to provide increased numbers of degree programs (bachelor and master's level) in behavioral health, accessible to individuals in all geographic areas of the state.**
4. Working with the institutions of higher education to include, in their coursework, the information deemed necessary to improve the preparedness (knowledge and skill) of graduates (e.g., adding instruction into courses at the bachelor and graduate level about biopsychosocial assessment and treatment planning, the current edition of the Diagnostic Statistical Manual, SED and SMI populations, co-occurring disorders, child and adolescent issues, geriatric issues, sexual assault and domestic violence, substance abuse assessment and treatment, case management services, evidence-based practices in behavioral health, etc.). There is also a need for behavioral health professionals who are bilingual (including sign language) and culturally competent upon entry into the workforce.
5. Exploring methods for marketing careers in the behavioral health field, including ways to offer financial (and other) incentives for candidates.

Structure:

There is a state level workgroup with membership as stated above and seven regional teams. The membership on the regional teams includes state level workgroup members and others from a variety of disciplines (e.g., representatives from public and private institutions of higher education, public and private sector behavioral health professionals, professional licensure board representatives and others).

There have also been two statewide Forums (sponsored by KDMHMRS, KARP and the Council on Post Secondary Education) attended by members of the state and regional level workgroups as well as other interested individuals.

Workgroup Activities since the Last Report:

There was a statewide Forum held in January 2003, at the University of Louisville Faculty Club. Despite snowy weather conditions, budget constraints and busy schedules, representatives from state universities, regional MH/MR Boards, professional licensure boards, KARP, KDMHMRS and others met to reaffirm their commitment to addressing the need for greater numbers of qualified staff. Margaret

Pennington, Commissioner for KDMHMRS, Jim Applegate, Vice President for Academic Affairs for the Kentucky Council on Post Secondary Education, and Representative Mary Lou Marzian welcomed participants and offered opening remarks. The Forum also provided regional teams an opportunity to report on their progress towards goals developed at the first Forum held in May 2002. A subsequent Forum is tentatively planned for the fall of 2003. Current activities include:

- **Completion of an updated analysis of the current supply and demand for behavioral health professionals across the state;**
- Analysis of a statewide workforce survey of substance abuse professionals conducted by the Central East Addiction Technology Transfer Center;
- Addition of several courses and degree programs at various locations across the state including:
 - Murray State University will start a new Social Work degree program;
 - Northern Kentucky University will be offering a new Counseling program at the master's level;
 - Lindsey Wilson is currently offering bachelor and master's degree programs in Social Work at seven rural sites in Eastern Kentucky and has incorporated student support services and tuition assistance information into their admissions process;
 - Western Kentucky University has incorporated instruction regarding treatment planning into three of the courses in their Counseling program and is studying the feasibility of offering coursework on-line in their Counseling program;
- ❖ **The University of Kentucky College of Social Work and the Bluegrass MH/MR Board have collaborated to offer students increased access to practicum placements and field experiences, as well as the promotion of employment opportunities with Bluegrass for graduating students.**

Recommendations (if any):

The workgroup has no recommendations at this time.

HB 843 Public Education/Advocacy Workgroup Update Report
June, 2003

Workgroup Chair: Carol Carrithers, Seven Counties Services, Inc.

Workgroup Members:

Maureen Mahaney, PR consultant, Bowling Green
Steve Shannon, KARP
Harriet Leach, KYCAN
Karen Jones, KY-ASAP
Jim Dailey, NAMI-Louisville and KY
Kathy Viers, Ten Broeck Hospital
Carolyn Kates-Glass, KYCAN
Theresa Walton, KY Psychiatric Medical Assn.
Jill Kartisek, Mental Health Association-No. KY
David Olds, Mental Health Association-No. KY
Sheila Schuster, KY Mental Health Coalition
Sheriall Cunningham, KY Mental Health Association
Lynne Dunn, KARP
Mike Townsend, KY Division of Substance Abuse
Bruce Scott, KY Dept. of Mental Health/Mental Retardation Services

Brief History, Mission/Goals

Identified need/issue: Institute state-wide public education initiatives on behavioral health issues with the goal of reducing stigma and misunderstanding attached to mental illness and substance abuse disorders and their treatment, and increasing knowledge of available resources. This effort will foster collaboration among various groups to promote community education, outreach and anti-stigma activities. The funding of such initiative will be a combination of private and public sector funds.

Strategies:

Complete and distribute statewide inventory of current efforts and public education resources on these subjects among public and private providers, advocates and others, encouraging and promoting sharing of resources and building on the foundation of good public education/awareness resources that already exists.

Timeline: Inventory complete, July 1, 2002; distribution of inventory listing and promotion of resources, etc. by September 15, 2002.

Assess the public's attitude toward mental health and substance abuse and identify misconceptions through statewide survey that also would provide regional results. Release of survey results would be used to kick-off other campaign elements (see below). Timetable to conduct survey: Summer 2002.

Evolve planning team into work group with the addition of representation from other regions in state, private sector providers, and media. Timetable: Summer 2002.

Based on above survey data, development of a single-theme, consistent message (i.e. Treatment Works!) with accompanying collateral materials that would be made available across state but could be tailored to individual regions. The message would focus on early intervention, wellness, recovery, and hope. Identify sub-groups (i.e. reporters, publishers, editorial boards, or "natural helpers" in a community that may require special, more-focused efforts. Timetable: theme and materials development by Sept. 1

Seek additional funding and cooperation for the initiative from the private and public sector. DMHMR and Dept. of SA already have earmarked \$15,000 each from block grants for efforts. Timetable: Summer 2002

Workgroup investment in a multi-media campaign beginning in two markets: southeastern and far western Kentucky. Timetable: 4th quarter 2002; with expansion across the state in 2003.

Workgroup Activities:

Following its 2002 plan (with an altered timetable), the workgroup developed and then distributed a questionnaire (attached) of current efforts and public education resources. We distributed the questionnaire in February 2003 to about 100 public and private providers, advocates, and consumer, professional and family organizations. We had a 25% return. We just completed the results and now are studying them to determine if members can draw any conclusions, and how we can use the conclusions to develop a strategy. The complete survey results and our conclusions will be available after our July meeting to members of the commission, inventory participates and others interested in the results.

Several members also conducted an information search concerning public attitudes toward mental health, mental illness, and substance abuse. The national search yielded some limited result. Members concluded the workgroup reasonably could forego a statewide public awareness survey, instead using some previous work done in this state by KARP and other regional and national groups.

We also have had several presentations from the Mental Health Association-No. KY about its public awareness and information efforts.

The association is seeking funding that would help expand several of its efforts statewide, and has asked the workgroup to consider some if not all of these efforts as part of the workgroup's strategy. Workgroup members also have had significant discussions around the focus of mental health wellness versus illnesses.

Our next step perhaps will be to involve local media/marketing/advertising/PR professionals to help us develop our strategies and develop cost-effective means to carry them out. Once the plan is complete (we hope this fall), we plan to seek additional funding, collaboration and buy-in for the public education initiative from the private and public sector.

**HOPE FOR BETTER TRANSPORTATION
HB 843 Transportation Workgroup**

Co-Chairs: Marsha Van Hook, ARC of Kentucky
Kalem Juett (representing Vickie Bourne), Office of Transportation Delivery/KYTC

After several meetings and several mail outs, membership on the HB 843 Transportation Workgroup is as follows:

State Representatives

1. Dr. Sheila Schuster – KY Mental Health Coalition
2. Tricia Salyer – Medicaid
3. Connie Strong - Aging Services
4. Kalem Juett/Susan Perkins - Transportation
5. Jody Leake/Dave Matheis – Voc. Rehab
6. Mike Fields/David Boswell – Community Based Services
7. Kevin Lightle – MH/MR

Consumer Representatives

1. Robert Hicks – Family HB843
2. Jim Coleman – Consumer HB843
3. Jim Powell
4. Deborah O’Gorman
5. Mary Hass
6. Sharon Fields/Norb Bryan
7. Wanda Propes/Diana Berry
8. Ron Billings/Laurel True
9. Scott Jones/Marsha VanHook – HB 144
10. Elsie Silver/Betty Jo Moss

Provider Representatives

1. Shirley Cummins/C. Dale Shelton – RTEC, Transportation Provider
2. Rajen Shah/Louis Lindsey – GRITS, Transportation Provider
3. Beecher Hudson/Chuck Steinhofer – WHEELS in Louisville, Transportation Provider
4. Sue Jeffers/Pam Shepherd – BUS, Transportation Association
5. Dan Howard/Steve Shannon – KARP
6. Darla Bailey – KAADC
7. Tom Jones – ARC of the BG
8. Patricia Cummings – Seven Counties

The following individuals will be formally invited to meetings:

Dr. Ed Jennings - UK
Murray Wood - LRC
Kelly Upchurch - KAADC
Melissa Duncan - American Cancer Society
Donovan Fornwalt
Pat Seybold – KCDD
Diane Simmons – MH/MR
Rep. Mary Lou Marzian
Rep. Jimmie Lee

Meetings are open to all interested parties.

History:

The first meeting on transportation was held on December 5, 2002. Marsha VanHook and Sharon Fields told the group of their meeting with State Representative Jimmie Lee. Representative Lee recommended that individuals, through the 843 and the 144 (Kentucky Commission on Services and Supports for Individuals with Mental Retardation and other Developmental Disabilities) Commissions establish a transportation committee and invite service providers, transportation providers and the Transportation Cabinet. Ms. VanHook presented the idea before the 843 Commission, which gave its approval. The Commissioner of the Department for MH/MR Services of the Health Services Cabinet, Margaret Pennington, directed the next meeting in appointing a committee or subgroup to draft a Mission Statement. The Mission Statement was approved at a meeting on January 21, 2003. Meeting participants determined that the Workgroup membership or size be around 20 individuals in the configuration of 1/3 + 1 consumers, 1/3 service providers and 1/3 state representatives. At a meeting on February 4, 2003, Commissioner Pennington invited Vickie Bourne of the Office of Transportation Delivery of the Kentucky Transportation Cabinet to join and Co-Chair the Transportation Workgroup along with Ms. VanHook. A meeting was held on February 13, 2003 to discuss the structure of the workgroup, as well as to go over the mission statement/charge of the workgroup. Letters were sent out by Commissioner Pennington and Ms. Bourne seeking members for a fully constituted workgroup from consumer representatives, State representatives, and provider representatives.

Mission Statement:

Our Mission is to ensure that individuals with disabilities have accessible, safe, available, affordable, and accountable transportation to medical services, employment and vocation training opportunities and leisure activities. We recognize that the lack of adequate transportation is a barrier to community living and involvement for individuals with disabilities. We are committed to engaging in a collaborative and collegial process in which we learn from each other to develop innovative solutions.

To fulfill our mission, we have developed the following goals:

- We will ask individuals with disabilities to identify their transportation needs.
- We will conduct an assessment of the current transportation systems.
- We will identify best practices and creative approaches.
- We will research available funding mechanisms.
- We will develop recommendations that support our Mission in a fiscally prudent manner.

Structure

The full workgroup has met two (2) times. Subgroups are being formed.

Workgroup Activities:

The first full meeting of the workgroup was held on April 11, 2003 in Frankfort.

Ms. VanHook and Ms. Sharon Fields gave the background and history of the formation of the Transportation Workgroup.

The Kentucky Disabilities Coalition and the Developmental Disabilities Council had previous studies completed on the issue of transportation. At the first meeting, Dr. Ed Jennings of the University of Kentucky presented a PowerPoint summary of his study, "Meeting the Transportation Needs of Kentuckians with Disabilities." Copies of his report and the New Age report will be forwarded to those people who signed up for the reports.

The workgroup is looking at the need for more services provided for personal business and not just medical appointments. One of the major directions or goals is for better awareness and more education of the public, facilities and advocacy groups. The Kentucky Public Transit Association (KPTA) is updating the statewide public transit directory, which will be distributed to the Workgroup upon completion. Transit systems have found it very difficult to obtain financial support from local communities and local officials. Lack of funding seems to be a key obstacle.

The differences in transportation have been discussed: rural versus urban and Medicaid versus public transportation. Perceived problems in Medicaid transportation included the 72-hour notification, presence of a car, boundaries of operating authority, riding in vehicles for long periods, and recipients being late to appointments. Perceived problems in public transportation included transportation that is not adequate or affordable, insufficient funds, varied fares, boundaries of operating authority and Medicaid rules being applied to general public riders. Set up in statute, Program Coordinators within the Office of Transportation Delivery assist Medicaid recipients with transportation concerns through a statewide 800 number. They have also assisted the general public with transportation questions. Again, there was a stated need within the workgroup that there must be an effort to educate and provide information at the grassroots level.

The workgroup will target the Five “A’s” regarding transportation: Accessible, Affordable, Available, Attainable, and Accountable. Proposed transportation issues to be pursued by the workgroup were listed and a survey sent out to members to prioritize:

- I. Education and Awareness
 - a. Consumers
 - b. Local Government
 - c. Legislators – State/Federal
 - d. Facilities
 - e. Providers
 - f. Social Service Organizations

- II. Increased Funding
 - a. Local
 - b. State
 - c. Federal
 - d. Legislated/Dedicated

- III. Regulatory
 - a. Zoning
 - b. Medicaid Regulations/HSTD
 - c. Public Transit Regulations
 1. Federal Transit Administration
 2. ADA

- IV. Daycares

- V. Population Issues
(Supply and Demand)

- VI. Safety Issues
 - a. Restraints
 - b. Rights of individuals
 - c. Improve Specifications
 - d. ASME Codes and Standards
 - e. Better mobility devices
 - f. Obtain ADA expert presentation

VII. Escort Issues – HSTD

VIII. Other

Members were asked to target the issues they consider of most immediate need. The workgroup discussed the resulting order of priorities and finalized the hard target issues at the next meeting of the workgroup held on June 17, 2003. A copy of the results of the survey is as follows:

Name	Education	Funding	Regulatory	Daycare	Population	Safety	Escort
Kalem Juett	1	3	5	6	4	2	7
Other	-						
Kevin Lightle	1	6	3	7	4	2	5
Other	-						
Marry Hass	2	4	3	5	1	6	7
other	Scheduling, no shows and late pick ups, drivers not properly trained						
Beecher Hudson	1	2	3	7	5	6	4
other	-						
Tom Jones	1	5	6	7	2	4	8
other	Dependability & scheduling as 3						
Jody Leake	3	1	6	4	2	5	7
other	-						
Elsie Silvers	4	1	5	7	6	2	3
other	Transportation for other reasons as 8						
Betty Jo Moss	5	4	1	8	2	3	7
other	Cost to individual equitable from community to community as 6						
Robert Hicks	2	1	3	4	7	5	6
other	-						
Sue Jeffers	2	1	4	5	6	3	7
other	-						
Shirley Cummins	3	2	4	6	7	1	5
other	-						
Mike Fields	1	2	4	7	5	3	6
avg. rank	1	2	4	6	5	3	7

The workgroup decided at the meeting to appoint subgroups to pursue the three (3) top issues of the survey: Education, Funding, and Safety. E-mails will be sent to members asking for volunteers to serve on either of the two (2) to three (3) subgroups. Subgroups will be set up by July 16, 2003. Subgroups will meet on the morning of August 26, 2003 to finalize their recommendations and direction. The full workgroup will meet that afternoon to initiate action on subgroup recommendations and begin legislative action, if necessary.

Members decided on a name for the workgroup. Hope for Better Transportation will be the name of the HB 843 Transportation Workgroup.

Recommendations:

Recommendations for action will be discussed and developed at the August 26, 2003 daylong meeting(s) of the workgroup.

HB 843 Employment Supports Work Group
July 15, 2003

Chair: Bruce Crump, *KY Dept of Vocational Rehabilitation*

Staff: Carol Estes, *KY Dept of Vocational Rehabilitation*

Robin Ritter, *KY Dept of Vocational Rehabilitation*

Members:

Claudia Ernharth, *IHDI Supported Employment, KY-BLN*

Margaret Moreland, *KY Dept of Vocational Rehabilitation*

Edie Sallee, *Cardinal/ACCESS Supported Employment Services*

Joel Mahaney, *Lifeskills/ Supported Employment Provider*

Lou Kurtz, *KY Dept for Mental Health and Mental Retardation Services*

Sandy Silver, *KY Dept for Mental Health and Mental Retardation Services*

Linda Carpenter, *KY CAN and SE Stakeholders Group*

Tina Babbs, *Office of Aging Services*

VivEllen Chesser, *Office of Aging Services*

Carol Carr, *Consumer*

Steve Shannon, *KARP*

David Allgood, *Center for Accessible Living*

History: A preliminary meeting of the workgroup was held June 10, 2002 with the following needs/issues identified in recommendations from the statewide commission:

- Consumers need supported employment services throughout the state. They need more assistance and support in getting and keeping jobs, including pre-employment skills and long-term services through the workplace.
- Employers and potential employers need more education on the needs and rights of consumers and how they can reasonably accommodate them.
- The state should develop a Medicaid buy-in policy for employed persons that would include coverage for substance-abuse-related conditions and thus support consumer employment.
- Collaboration should take place with the Office of Aging services to develop employment opportunities for older workers.

The first meeting was scheduled for August 1, 2002 to develop specific timetables and strategies for implementation.

Mission/Goal Statement: To increase the availability of employment opportunities for individuals with mental illness, substance abuse and dual diagnosis through the expansion of statewide Supported Employment Services, employer education and Medicaid buy-in.

Structure: The workgroup has met seven (7) times in the past year. There are no subgroups.

Activities since last report:

- Tina Babbs and VivEllen Chesser have joined this work group as the representatives from the Office of Aging Services. Carol Carr has also joined as a consumer representative.
- Steve Shannon gave us an update on the work of both the Medicaid Buy-In Work Group and the Medicaid Buy-In Consortium. The Medicaid Buy-In Work Group Meeting on May 28 was cancelled. We decided on the following two strategies:
 1. Continue to track the progress and strategies of the work groups.
 2. Educate the HB 843 Commission in the fall after the work groups have a better idea of what their strategies will be. David Allgood and Steve Shannon will do this presentation.
- We reviewed some of the discussion from the last meeting on the expansion of Supported Employment. Carol Estes advised us that the Department of Vocational Rehabilitation will have a chance to build on the Supported Employment line item for ongoing supported employment services when we develop the next biennial budget request. She will report to the work group as this progresses. KY APSE (Association for Persons in Supported Employment) will again take the lead in developing a funding initiative to build on their success in 2002 when they helped achieve the first

\$200,000 line item. Our work group can assist with advocacy and legislative awareness once the Session begins.

- Sandy Silver reported that MHMR is adopting a psychiatric rehabilitation model with Supported Employment as a component. They will be doing training on this model at the MH Institute. We decided on the following strategy:
 1. Stay aware of where MHMR is with the implementation of this model so that we can provide information and training. Plan Supported Employment Training after the model is implemented. (1 year away)
- Claudia Ernharth reported that she talked to Harold Kleinert regarding the approach on educating physicians and psychiatrists on the therapeutic aspects of working. He suggested that we speak with Dr. Ed Maxwell. Sandy Silver will talk with him about the best way to approach this and report back to us.
- Claudia Ernharth gave us an update on employer education. The KY-BLN is seeing a lot more interest from employers through their attendance at the brown bag forums. We will continue to elicit employer's participation and partnerships.
- Tina Babbs and VivEllen Chessar reported that Title V Older Worker Program is being changed and they will update us as soon as they have the information.

Recommendations:

- Our recommendation to the Commission is that Supported Employment efforts to expand should continue.
- We recommend that the Commission support Kentucky's participation in Medicaid Buy-In. Representatives from our work group would like to do a presentation and update on this issue to the Commission at the October meeting.
- We recommend that collaboration be done with colleges and universities to develop curriculum that would require introduction to disability issues and employment in respective fields whether it be medical, social or business.

The Employment Supports Work Group will meet again on September 22, 2003.

Quality Assurance & Consumer Satisfaction Workgroup Report – July, 2003

Chair: Steve Shannon, KARP, Inc.

Members:

Sheila Allen, *Kentucky River Community Care, Inc.*; Hope Barrett, *KDMHMRS*; John Basham, *Commonground Training and Resource Center*; Lynn Benda, *Central State Hospital*; Phil Berger, *University of Kentucky*; Howard Bracco, *Seven County Services, Inc.*; Doug Bradley, *LifeSkills, Inc.*; Rita Brooks, *KyCAN*; Robert Brown, *Cumberland River Regional MH/MR Board, Inc.*; Michael Caputo; Elaine Chilshom, *Recovery Network of Northern Kentucky*; Libby Clayton, *Bluegrass Regional MH/MR Board, Inc.*; Jim Coleman, *Recovery Network of Northern Kentucky*; Sherall Cunningham, *Mental Health Association of Kentucky*; Helen Danser, *KDMHMRS*; Peggy Elmallakh, *University of Kentucky*; Pam Foley, *The Adanta Group*; Nan Genther, *NorthKey Community Care*; Kathy Green, *CARITAS Peace Center*; Hank Cecil, *Four Rivers Behavioral Health*; Lance Heffer, *Communicare, Inc.*; Pat Howard, *University of Kentucky*; Barbara Jefferson, *Comprehend, Inc. MH/MR Board*; Ramona Johnson, *Bridgehaven Mental Health Services*; Carolyn Kates-Glass, *KyCAN*; Mary Kay Lamb, *River Valley Behavioral Health*; Katherine Lane, *NAMI Bowling Green*; Randa Lee, *KyCAN*; Steve Lower, *Comprehend, Inc. MH/MR Board*; Gray Manis, Dave Mathews, *Kentucky River Community Care, Inc.*; Mona May, *Mountain Comprehensive Care*; Owen Nichols, *Western State Hospital*; Kathaleen Noe, *Bluegrass Regional MH/MR Board, Inc.*; Theron Rowe, *The Adanta Group*; Glen Rowe, *Pathways, Inc.*; Nancy Rowena Brown; Tricia Salyer, *KDMS*; Amy Scott, *River Valley Behavioral Health*; Carloyn Self, *Pennyroyal Regional MH/MR Board, Inc.*; David U. Smith, *KDMHMRS*; Kathy Tremaine, *Cumberland River Regional MH/MR Board, Inc.*; Theresa Watson, *Seven County Services, Inc.*; Jodi Wilson, *Outwood MR Facility*

History:

The workgroup met five times during Phase I (2001). As part of meeting agendas, Regional Planning Councils Executive Summaries and Regional Reports were reviewed. This led to the summary points and the categorization of regional QA recommendations. The workgroup incorporated the outline supplied by the commission and created *guiding principles*, which assisted creating the following recommendations/goals/strategies submitted to the commission:

- ❖ There are no statewide standards for providers/organizations that are similar to the standards of a nationally recognized accreditation organization.
 - Department in collaboration with providers and consumers should identify acceptable national organizations based on populations served.
 - Providers/Organizations will have the option of either becoming accredited through a national accreditation organization or have KDMHMRS complete a similar survey.
 - All clinicians should participate in a credentialing process by the agency/payer/KDMHMRS in order to be judged as “competent” to provide the designated service.
 - All providers should receive periodic and routine competency reviews that involve an analysis of performance measures.
 - If accredited, a status of *Deemed Status* could be given by the Office of Inspector General to extend licensure periods more than one year.
- ❖ **Providers/Organizations have different degrees of established QA programs.**
 - All providers are to have formalized QA/QI processes.
 - All providers are to have quality measures that are approved by KDMHMRS.
 - All providers to have an established methodology for improvement efforts.
- ❖ **Very few providers/organizations have a nationally standardized consumer satisfaction process.**
 - KDMHMRS (with the input of consumers) shall identify acceptable consumer measures based upon populations served.
 - There must be a focus on consumer choice.
 - KDMHMRS’s role needs to be reviewed/redefined.
 - Analysis of satisfaction data needs to be done by an independent (outside the agency) source.

- ❖ **There is little consumer participation in the development of the set of outcome measures and its components (including QA/monitoring system).**
 - There needs to be an assessment of consumer's needs and preferences.
 - There needs to be consumer input in design and/or choice of indicators including satisfaction measurements.
- ❖ **Providers/Organizations vary in their degrees of establishing a process for the resolution of consumer concerns, complaints and grievances.**
 - Providers/Organizations need to have a clearly written grievance procedure.
 - The grievance procedure needs to include a provision for external review.
 - The grievance procedure needs to be made available to the public.
- ❖ **Many providers/organizations do not have standardized performance measurement systems (including outcome measures) that allow information to be shared.**
 - Implement electronic data systems.
 - Create a centralized databank.
 - Establishment a system-wide data set.
 - Make the database accessible to providers.
- ❖ **Many providers/organizations do not use benchmarking.**
 - Coordinate a system of benchmarking (internally, statewide and nationally).
 - Adopt a report card for providers/organizations and make it available to the public.

These were used to draft a charge to the workgroup for the second phase of the commission. During Phase II (2002 – 2003), the workgroup met seven times including one meeting at the Thirteenth Annual Mental Health Institute of Kentucky. At this meeting, it became apparent to the workgroup that there were many concerns about the Mental Health Outcomes Project (MHOP). In addition, many of these same concerns were being discussed at the MHOP Advisory Group meetings as well as sharing some of the same members. The workgroup agreed that follow-up meetings would be a joint collaboration between these two groups. (See Section 7 – Workgroup Activities for more detail.)

Mission/Goal Statement:

The workgroup recognizes that this has been/will be a long process which is why one of its guiding principles was the *Plan-to-Plan*. This may take a decade or longer. However, the workgroup also recognizes that some of the recommendations can be implemented in a shorter period. In addition, the workgroup does not want this process to be burdensome on providers/organizations either by cost or by time. This is especially important to individual, small-practice providers. The workgroup also realizes that these recommendations, if implemented, will have broad impact on the provider group as well as affect policy and legislation. This is only the beginning, but it is a start.

Specific action steps include: (1) Statewide updates of QA-CS; (2) Prioritization of the recommendations; (3) Determination of which of the recommendations need to be addressed sequentially and which can be addressed concurrently; (4) Development of a timeframe for the Workgroup's activities, and; (5) Implementation of the work plan.

Structure:

As mentioned previously, the workgroup has joined with the MHOP Advisory Group since there were common concerns and membership. Otherwise, there were no subgroups.

Workgroup Activities since Last Report:

- ❖ **Mental Health Outcomes**
 - MHOP Advisory Group with Hope Barrett as the Project Manager, has successfully helped the Division of Mental Health implement the statewide use of the functioning tool Multnomah Community Ability Scale (MCAS). This tool has been completed for all clients having severe mental illness whom attend therapeutic rehabilitation programs (TRP) during SFY '03. This tool will continue to be completed for those clients every six months hereafter. Beginning with SFY

'04, the population for whom this tool is completed will include those clients having severe mental illness who do not attend TRP yet receive case management services. To date, Centers are reporting a better understanding of client functioning levels after reviewing results of the MCAS. Next steps include aggregating the functioning scores with other information to gain even stronger ways of understanding large-scale patterns and helping the clients improve overall and/or avoid hospitalization. The group continues to input ideas for reports that will be useful to their programs.

- The Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services (CMHS) through the Data Infrastructure Grant is developing the Uniform Reporting System (a series of data tables of aggregate information about who is served by State Mental Health Authorities). The Mental Health Outcomes Advisory Group has participated in this process by advising on Table 11 (Client Perception of Care). Presentations by Dr. Patricia Howard were the spark to productive discussions around surveying for consumer satisfaction. The group was in favor of surveying statewide outpatient clients, yet realized that project funds and timelines were available only to support surveying a sample of the population having severe mental illness. Next steps include developing a proposal for this project for the Internal Review Board's approval.
- ❖ Consumer Grievances/Regional Grievance Policies
 - This was originally presented to the workgroup by Jim Coleman, Recovery Network of Northern Kentucky, regarding how this was a statewide concern. Mr. Coleman presented the Grievance Policy Recommendations to the workgroup. After several meeting discussions, a survey of the 14 Mental Health and Mental Retardation (MH/MR) Boards, and a presentation from Brenda Johnson Jones, Cabinet for Health Services (CHS) Office of the Ombudsmen, the attached procedure was drafted for Regional Planning Councils (RPC) and the Commission for review.
- ❖ Other Activities
 - Evidenced-Based Practice (EBP)
 - Michele Blevins & Lou Kurtz, Division of Mental Health, presented evidenced-based (best) practices presentations for Adults with serious mental illness (SMI) and children with serious emotional disturbances (SED). Additionally, there was discussion of a presentation sponsored by Wellspring, "Best Practices in the Treatment of Persons with Co-Occurring Mental Illness and Substance Abuse"
 - Deemed-Status
 - Steve Shannon, KARP, presented the second recommendation from phase I of the workgroup, deemed-status. This concerned the elimination of mandatory annual state licensure surveys if a provider maintains a voluntary accreditation with a national organization, e.g., KARF, JCAHO. Mr. Shannon stated that a similar senate bill (SB 168) was just past for hospitals at the last legislator session. The workgroup discussed the advantages and problems with a similar statute for community mental health centers. It was also discussed whether a similar bill should include only CMHC, or other outpatient providers, i.e., PRTF, private childcare licenses, therapeutic foster care, NTP (DATE/NATE), hospice. The workgroup concluded that it might be looking at too many providers. It may be more effective to pursue only community mental health centers at first. However, legislation was mostly concerned with budget so this was table at this time.

Recommendations:

The workgroup has been able to make progress in four of the seven categories of recommendations/goals/strategies (see above).

- ❖ Continue to work jointly with the Mental Health Outcomes Advisory Group.
- ❖ Await review of Consumer Grievances Procedure (see page 5 of this report) by Regional Planning Councils (RPC) and the Commission.

- ❖ Revisit the *Deemed-Status* issue.
- ❖ Investigate QA standards from different accreditation organizations (It was discussed how the workgroup would like to consider this concern next.)

The Joint Mental Health Outcomes Project Advisory Group / HB 843 Quality Assurance & Consumer Satisfaction Workgroup will meet again on August 13, 2003.

GRIEVANCE POLICY RECOMMENDATIONS FROM QUALITY ASSURANCE WORKGROUP

Develop basic minimum standards for grievance procedures in each of the 14 Regions with an external review system. Standardized procedures to include:

- Utilized existing Cabinet for Health Services (CHS) Ombudsman to serve as a single source independent review appeal process for consumer grievances
- No more than three internal appeal steps at the local mental health centers
- Grievance procedures written in language that can easily be understood
- The right of a consumer to have an advocate present at grievance hearings
- Someone specifically designated as a client's rights officer at each mental health center
- Grievances will offer an option to appeal to someone other than the therapist
- A readily available alternative format for consumer's requiring them
- Published booklet covering the basic aspects of grievances and appeal procedures:
 - To be published by KDMHMRS
 - Booklet to include rights set in K. R. Statutes (outlined: 908 KAR 3:010. Patient's rights);
 - Right to refuse treatment, right to sign yourself out of a hospital, information on 72 hours hold, rights to refuse medication or treatments, etc. Responsibilities of P&A/others when hospitalized; Basic local grievance procedures and appeal process. Material to be published in consumer friendly language.
- Upon request, provider will locate someone to assist consumer in filling out grievances either oral or written.
- Training and educational seminars on consumer rights/grievances/appeals. Training for consumers and family members
- *Grievance procedure needs to be made available to public*
- Continuation of current contractual requirements for mental health centers:
 - A written Client Bill of Rights
 - Describes legal/human rights of consumers
 - Each consumer required to be informed about rights during intake and has to be documented
 - Rights posted
 - A written grievance policy in place