

Special Committee on Mental Health Modernization Services and Workforce Working Group Meeting

October 14, 2021

10-11:30am

Meeting Notes

Meeting Materials: <https://www.khi.org/pages/2021-MHMR>

Agenda:

- 10:00pm – KOMA/KORA statement
- 10:05pm – Working Group Member Introductions
- 10:20pm – Review of Meeting commitments
- 10:25pm – Review 2020 Recommendations: Services and Workforce
- 11:25pm – Administrative updates
- 11:30pm - Adjourn

Meeting Commitments:

- Come ready to discuss and compromise
- Keep remarks succinct and on topic
- Don't hesitate to ask clarifying questions
- Start and end on time

Attendees

Working group members: Charles Bartlett, KDADS; Dr. Rachel Brown, KU-Wichita; Wes Cole, GBHSPC; Sen. Renee Erickson; Senator Michael Fagg; Greg Hennen, FCMHC; Shane Hudson, CKF; Rep. Megan Lynn; Rachel Marsh, Children's Alliance; Cassandra Sines, parent; Brenda Soto, DCF; Lisa Southern, Compass Behavioral Health; Deb Stidham, KAAP; Kelsee Torrez, KDHE; Will Warnes, MD, Sunflower; Sarah Fertig, Medicaid Director

Staff: Kari Bruffett, KHI; Hina Shah, KHI; Samiyah Para-Cremer, KHI

Review of 2020 services and workforce recommendations

- During introductions, members identified and prioritized the following 2020 recommendations for discussion and revision:
 - **1.2 Access to Psychiatry Services** - Require a study to be conducted by KDHE with an educational institution[s], to explore strategies to increase the number of psychiatrists, child and adolescent psychiatrists, and psychiatric nurses.
 - **1.4 Workforce Investment Plan** - The State of Kansas should make a long-term investment plan for the behavioral health system workforce by increasing funding for training, recruitment, retention, and support to effectively attract and retain high-quality staff. Specific steps include: develop a career ladder for clinicians, such as through the development of an associate's-level practitioner role; and take action to increase workforce diversity, including diversity related to race/ethnicity and LGBTQ identity, and the ability to work with those with limited English proficiency.
 - **3.2 IPS Community Engagement** - Increase engagement of stakeholders, consumers, families, and employers through KDHE or KDADS by requiring agencies implementing the IPS program, an evidence-based supported employment program, to create opportunities for assertive outreach and engagement for consumers and families.

- **3.3 Foster Homes** - The State of Kansas should invest in foster home recruitment and retention by increasing funding for supplemental training on behavioral health needs and providing additional financial incentives to support SED youth.
- **5.3 Frontline Capacity** - Increase capacity of frontline healthcare providers (e.g., pediatricians, family physicians, and OB-GYNs) to identify and provide services to those with behavioral health needs.
- ***988 Funding - (MOVED to Working Group 2: System capacity and Transformation for 2021 Working Groups)**
- **Special Populations – New for 2021**
- Working group members discussed recommendations **1.2 Access to Psychiatry Services; 1.4 Workforce Investment Plan; 3.3 Foster Homes, and 5.3 Frontline capacity** during their first meeting. Discussion of other working group member priorities will occur at future meetings.

Key discussion on 2020 services and workforce recommendations

See *pages 2-4* for key workgroup discussion around and revisions to the 2020 services and workforce recommendations.

Recommendation 1.2 Access to Psychiatry Services. *Require a study to be conducted by KDHE with an educational institution[s], to explore strategies to increase the number of psychiatrists, child and adolescent psychiatrists, and psychiatric nurses.*

Revision 1:

- **Increase specificity:** Most of the specificity around this recommendation was in the 2020 report. Working group members recommended adding some of this detail directly into the language of the recommendation.

Context for Revision 1:

- **Reduce ambiguity:** Working group members expressed concern that without the context from the 2020 report, the recommendation is too broad and would create confusion. This could include, assigning a lead agency to the recommendation, adding measurable outcome goals or action steps, or including strategies for how to achieve the recommendation.

Revision 2:

- **Propose a study to learn how other states have addressed this workforce problem:** The working group proposed a study to help identify what has been successful in other states like Kansas and what strategies could be replicated.

Context for Revision 2:

- **Provide direction and learn from neighboring states:** Working group members identified the study as a strategy to help efficiently direct state resources towards a proven solution that might work for Kansas. However, funding and lead resource agency would need to be identified.

Additional Discussion:

- **Funding and rural challenges:** Working group members identified problems with access to psychiatry services as a workforce shortage and problems with recruitment. Working group members had differing views on what caused these challenges including lack of funding/lower salaries and lack of desire to move to more rural areas. Telehealth

addresses some of these challenges, but working group members cautioned there remains a need for in-person services

- **Train-in-place:** Working group members discussed that one evidence-based solution to improve psychiatrist retention in Kansas is to train more psychiatrists in the state rather than rely on recruitment from programs in other states.

Recommendation 1.4 Workforce Investment Plan. *The State of Kansas should make a long-term investment plan for the behavioral health system workforce by increasing funding for training, recruitment, retention, and support to effectively attract and retain high-quality staff. Specific steps include: develop a career ladder for clinicians, such as through the development of an associate's-level practitioner role; and take action to increase workforce diversity, including diversity related to race/ethnicity and LGBTQ identity, and the ability to work with those with limited English proficiency.*

Revision 1:

- **Clarify long-term and short-term responses:** The working group proposed splitting the recommendation into long-term and short-term activities to clarify intent of the recommendation.

Context for Revision 1:

- **Reduce ambiguity:** The working group clarified that this recommendation requires both immediate (short-term) and long-term actions to achieve. They believe that not splitting these up, the recommendation is ambiguous.

Revision 2:

- **Identify a lead agency, potentially one outside government:** The working group proposed that a long-term lead agency should be selected. However, working group members have not identified whether this should be a government agency or an external partner, such as a university.

Context for Revision 2:

- **Reduce fragmentation and increase accountability:** Working group members noted that placing a lead agency in charge of the recommendation decreases the burden of communication between agencies to achieve the recommendation and allows for increased focus and accountability.

Additional Discussion:

- **Licensure conversation:** Social work became a licensed profession in 1974, and addiction counselors were licensed in 2010 with a bachelor's level requirement. Prior to licensing, addiction counselors were certified by the State at an associate's level. When these licensing changes occurred those working in the social work and addictions workforce were grandfathered in to the professions. Most of those grandfathered workers have now aged out or are aging out of the workforce. Currently there are few positions that do not require a minimum of a bachelor's level specialized education to become employed in the behavioral health workforce. Creating entry level positions in the behavioral health field would allow for the workforce to have an expanded career ladder and an opportunity to be employed in the helping professions while pursuing further education and licensing if desired.

- **Urban/Rural focus:** Working group members discussed how recruitment challenges differ based on the location. Strategies for urban Kansas may not work for frontier communities and vice-versa.

Recommendation 3.3 Foster Homes. *The State of Kansas should invest in foster home recruitment and retention by increasing funding for supplemental training on behavioral health needs and providing additional financial incentives to support SED youth.*

Discussion:

- **Highlight continued importance:** Although the working group did not identify any modifications to this recommendation at this time, working group members expressed a need to highlight that a focus on foster care remains important. This focus includes workforce, foster home recruitment, and improved systems and access to care.
- **Family or Systems Focus:** Some working group members felt the recommendation should be modified to place equal responsibility on improving systems as improving foster home families. Further discussion of the working group would be needed to establish consensus.

Recommendation 5.3 Frontline Capacity. *Increase capacity of frontline healthcare providers (e.g., pediatricians, family physicians, and OB-GYNs) to identify and provide services to those with behavioral health needs.*

Revision:

- **Add context:** Working group members called for further specific contexts from the 2020 report to be added to the language of the recommendation.

Context for Revision:

- **Focus agency efforts:** Although working group members did not offer any substantive changes to this recommendation, they called for increased specificity. The working group suggests this will help better focus agency efforts and align them with the recommendation's core intent.

Additional Discussion

- **Addresses some of the workforce shortage:** Working group members expressed continued support for this recommendation and stressed the importance of how this can help address some of the shortage of psychiatrists in Kansas, particularly in the short term
- **Improved access:** Working group members discussed how this recommendation, particularly its focus on primary physicians is key to addressing access to mental health services and providing early-stage diagnosis and treatment of behavioral health needs

Follow up items

Working group members were asked to complete a worksheet by October 29 to draft language around new recommendation topics assigned by the special committee to allow for discussion around the issues during the upcoming meeting (Wednesday, 11/3 at 1pm).

Additionally, working group members were advised of the following meetings:

- October 28, Special Committee Meeting