Special Committee on Mental Health Modernization
Services and Workforce Working Group Meeting
December 2, 2021
1-2:30pm

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

Agenda:
1:00pm – Working Group Member Introductions and Meeting Commitments
1:05pm – Behavioral Health Workforce
1:15pm – New and Significantly Revised Recommendations
2:00pm – Other Revisions
2:20pm – Report Language
2:28pm – Administrative Updates
2:30pm - 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
Dec 2 Working group members:
Charles Bartlett, KDADS; Wes Cole, BHSPC; Greg Hennen, Four County Mental Health Center Inc; Shane Hudson, CKF Addiction Treatment; Rachel Marsh, Children's Alliance of Kansas Cassandra Sines, Parent; Brenda Soto, DCF; Lisa Southern, Compass Behavioral Health; Deb Stidham, Kansas Association of Addiction Professionals; Kelsee Torrez, KDHE; Will Warnes, MD, Sunflower Health Plan; Sarah Fertig, Medicaid Director; Representative Brenda Landwehr; Gary Henault, KDADS; Andy Brown, KDADS; Senator Michael Fagg

Dec 6 Working group members:
Sen. Michael Fagg; Rep. Brenda Landwehr; Brenda Soto, DCF; Cassandra Sines, Parent; Charles Bartlett, KDADS; Deb Stidham, Kansas Association of Addiction Professionals; Kelsee Torrez; KDHE; Lisa Southern, Compass Behavioral Health; Wes Cole, BHSPC; Will Warnes, Sunflower Health Plan; Rep. Megan Lynn; Sen. Renee Erickson; Sherri Schuck, Pottawatomie County Attorney's Office; Sarah Fertig, Medicaid Director; Gary Henault, KDADS

Dec 2 Staff:
Kari Bruffett, KHI; Samiyah Para-Cremer, KHI; Hina Shah, KHI; Megan Leopold, KLRD; Scott Abbott, Office of the Revisor

Dec 6 Staff:
Kari Bruffett, KHI; Samiyah Para-Cremer, KHI; Hina Shah, KHI; Leanne Thone, KLRD; Scott Abbott, Office of the Revisor

Behavioral Health Workforce
Revised 1.4 Workforce Investment Plan.
The 2020 language for recommendation 1.4 is:
- 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.

Potential Revisions:
The Special Committee and roundtable members heard testimony related to workforce in the November 17 meeting and identified key themes that could be considered for inclusion in (or addition to) Recommendation 1.4. Options from which to select one or more as additional specific steps, or to include in rationale, included:

- Ask the BSRB to assess all licensing requirements to determine whether Kansas is at a competitive disadvantage – or LPA/university
- Establish the rural track residency program for psychiatry through the Department of Psychiatry and Behavioral Sciences at the University of Kansas Health System.

Proposed Revisions:
The working group discussed these options and proposed the following revision to Recommendation 1.4. This language was ratified on December 6.

- 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:
    - The State should establish a Kansas university partnership to develop the comprehensive investment plan, including a focus on high school internships, mentorship and free continuing education courses, building on the model the Special Committee heard about in Nebraska.
    - Seed university programs to develop and expand bachelors and graduate programs in behavioral health
    - Create a pool of funds that behavioral health providers could access to support retention and recruitment
    - Develop a career ladder for clinicians, such as through the development of an associate's-level practitioner role
    - 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.

Context for Revisions:

- **"Grow your Own" Approach:** Working group members argued that the best approach to the workforce shortage was to focus on building the workforce capacity up from the existing community workers rather than attempting to recruit behavioral health workers from other states.
- **Behavioral Health Education Center of Nebraska (BHECN) Model:** During the November 17 Special Committee meeting, the BHECN model at the University of Nebraska was presented to committee members. The working group called for the creation and funding of a similar organization at a university in Kansas.
- **High Need**: Working group members explained the importance for these revisions and referenced the extremely high need for behavioral health workers in Kansas, particularly in rural areas where many go without services because of this workforce shortage.

New and Significantly Revised Recommendations

Working group members discussed language for the following new and significantly revised recommendations and completed a characterization form ranking ease of implementation and potential for high impact.

Revised 1.2: Access to Psychiatry Services.

The working group discussed the following language on December 2. This language was ratified on December 6.

- Request a Legislative Post Audit to:
    - Review Kansas behavioral health recipients of NHSC (National Health Service Corps) and SLRP (State Loan Repayment Program) for the past 10 years.
    - Review professions awarded, communities in which those providers were located, number of years they participated in the program, and number of years they continued to practice in their position after they exited the program.
    - Expand the analysis to the behavioral health professions served in these programs (not just psychiatry).
    - Review best practices from other states regarding recruitment and retention of licensed behavioral health professional staff to Urban, Rural and Frontier communities for possible, if successful, implementation in Kansas.
    - Review medical school and residency training location of psychiatrists and child and adolescent psychiatrists currently practicing in Kansas, as well as current practice locations of residents and fellows in child psychiatry who completed residency or fellowship in Kansas within the last 10 years.
    - Review existing research regarding where fellows practice in relation to where they trained.
    - Look at the University of Kansas program that incentivizes medical students to end up practicing in Kansas to see if it is effective.

Context for Recommendation:

- **Cost Barrier:** The working group said that cost would not be a barrier if reviewed through the Legislative Post Audit; however, if this does not happen there may be a significant cost for another entity to perform the study. The working group stressed the importance of taking this request to the Legislative Post Audit Committee immediately.

Revised 2.4: Support Kansas Suicide Prevention Plan.

The working group reviewed the following language on December 2. This language was ratified on December 6.

- In support of the 2021-2025 Kansas Suicide Prevention Plan:
    - Standardize definitions of data collected related to suicide data and making suicide a reportable condition.
    - Propose policy to ensure consistent data collection across the state, including for diverse populations (include demographics).
    - Leverage the Kansas Suicide Prevention Coalition to enable collaboration among all agencies engaged in suicide prevention.
    - Designate KDADS (the single state authority for federal mental health and substance use disorder programs) as lead agency for implementation of the State Suicide Prevention Plan and collaborate with the Youth Suicide Prevention Coordinator in the office of the Attorney General.
    - Add $1,500,000 SGF to KDADS budget to implement additional recommendations and strategies from the State Suicide Prevention Plan, including $250,000 for the Kansas Suicide Prevention Coalition, $90,000 for a full-time state suicide prevention coordinator (population-wide), and the remainder for providing grant opportunities for local communities and implementing a statewide media campaign.
    - Require KDADS to submit an annual report on the progress from collaborating state agencies and the coalition as to the status and effectiveness of state suicide prevention policies and interventions as well as any updates to the State Suicide Prevention Plan to the Governor's Behavioral Health services Planning Council and its Prevention Subcommittee.

Context for Recommendation:

- **Telecommunications Surcharge Funding:** The working group explained that the $1,500,000 mentioned in this recommendation to support the State Suicide Prevention Plan refers to a portion of the funding obtained through implementation of Recommendation 4.1 988 Suicide Prevention Lifeline Funding.

New: Trauma-Informed Care.

The working group reviewed the following language on December 2 based on survey results.

- Incorporate trauma-informed elements into KDADS and KDHE site visits to build toward trauma-informed communities.

Revised Language:

The working group proposed the following language to replace the recommendation language above. This language was ratified on December 6.

- Under the auspices of the Governor's Behavioral Health Services Planning Council (GBHSPC), convene a workgroup of providers who have implemented trauma-informed practices to make recommendations for a pilot program or other initiative to expand trauma-informed practices statewide.

Context for Revision:

- **Concern over New Site Visit Requirements:** The working group discussed how incorporating new requirements into site visits to build upon a trauma-informed care practices would create provider burden during licensing site visits.
- **Capacity of State Staff:** Some working group members expressed concern that state staff members that conduct licensing visits are not qualified to provide education on trauma-informed care and that there may be better ways to implement trauma-informed practices
- **Pilot Program:** The working group decided to recommend a creation of a workgroup to thoughtfully design a pilot program that would expand trauma-informed practices in a broad range of systems. The working group members explained that it is important to pursue this thoughtfully to avoid undue stress on providers and to ensure that best practices are maintained.

New: Promoting Social Isolation as a Public Health Issue.

The working group reviewed the following language on December 2. This language was ratified on December 6.

- Create strategies to disseminate the importance of social isolation as a public health issue, using social media and media campaigns, educating providers, and encouraging adoption of a screening tool.

Context for Recommendation:

- **Long-term Commitment:** Working group members discussed how addressing social isolation would likely require a long-term campaign to address, comparing the work to that of heart disease campaigns.

New: Normalize Behavioral Health Discussions.

The working group reviewed the following language on December 2. This language was ratified on December 6.

- In lieu of discussing stigma, build on recent success stories (e.g., 988 lifeline, mobile crisis, CCBHC) to publicize behavioral health as health, creating a culture in which mention of depression, anxiety, post-trauma, addiction and other common illnesses become as mentionable as diabetes, heart disease and migraines.

Revised 5.3: Statewide Psychiatric Access Program (Frontline Capacity).

The working group reviewed the following language on December 2.

- Fully fund a statewide psychiatric access program that includes linked specialty teams with high levels of expertise (e.g., psychiatrists, child and adolescent psychiatrists, peripartum psychiatrists, child psychologists, pediatricians, resource specialists, and patient and family advocates) to provide multi-disciplinary consultations to health care providers across the lifespan, including pediatrics and perinatal. Full program funding should be secured by July 2023. Start with ensuring continuation of current programs.

Revised Language:

The workgroup requested KDHE provide clarifying language about the programs mentioned in the recommendation language above. These revisions, submitted prior to the final draft of the report was distributed Dec. 10, are included below:

- Fully fund a statewide psychiatric access program that includes linked specialty teams with high levels of expertise (e.g., psychiatrists, child and adolescent psychiatrists, peripartum psychiatrists, child psychologists, pediatricians, resource specialists, and patient and family advocates) to provide multi-disciplinary consultations, training, and resource and referral support to health care providers across the lifespan. Ensure continuation of current pregnant/postpartum and pediatric programs starting July 2023 (FY 2024). Expand current programs to include specialty teams for children (through 21 years of age) with Intellectual/Developmental Disability (I/DD) and children (through 21 years of age) with Autism Spectrum Disorder starting July 2024 (FY 2025), and for adults with mood disorders starting July 2025 (FY 2026).

Context for Revised Recommendation:

- **Immediate Action:** The working group determined via survey and confirmed during December 2 meeting that the revised recommendation 5.3 requires immediate action (previously strategic importance) due to increased urgency and shortage of psychiatrists across the state.
- **Potential for Impact:** The working group said that implementation of this recommendation could result in very high impact but explained that the recommendation's potential for impact is dependent on the number of primary care providers participating in the program.

New: Medicaid Postpartum Coverage.

The working group reviewed the following language on December 2.

- Request Bethell Committee review of extending the Medicaid postpartum coverage period to 12 months postpartum. This supports access to behavioral health treatment and other preventive care, thus improving health outcomes for both the mother and child.

Context for Recommendation:

- **Ease of Implementation:** The working group determined that requesting the Bethell Committee to review this would be straightforward if placed prior to December 13. However, the implementation of the review's findings could be more challenging, requiring Section 1115 demonstration waivers or state plan amendments to implement. Some working group members noted that most states are pursuing a state plan amendment because these tend to be easier to obtain and maintain than 1115 waivers.
- **Potential for High Impact:** The working group mentioned that this recommendation would likely have a high positive impact, particularly for post-partum mothers. Extending care from 60 days post-partum to 12 months post-partum would significantly increase access to care for post-partum women in need of care, including access to mental health services. If implemented, this would be the first change to KanCare eligibility since it

began in 2013. Working group members also mentioned that implementation of this recommendation could help reduce child abuse and neglect and foster care entrance rates, as more mothers would receive the care they needed.

Revised Language:
The working group requested the following revisions for clarity about who the working group wants to review the potential extension. This language was ratified on December 6.

- Request Robert G. (Bob) Bethell Home and Community Based Services and KanCare Oversight Committee review of extending the Medicaid postpartum coverage period to 12 months postpartum. This supports access to behavioral health treatment and other preventive care, thus improving health outcomes for both the mother and child.

Other Revisions

Working group members discussed language for the following new and significantly revised recommendations and completed a characterization form ranking ease of implementation and potential for high impact.

Provider MAT Training.
The Services and Workforce working group considered modifying 2020 Recommendation 1.3 Provider MAT Training, "Increase capacity and access to medication-assisted treatment (MAT) in Kansas through provider training on MAT." The working group opted to add report language emphasizing that many of the individuals who need MAT often are uninsured and lack the ability to pay for the treatment. The working group discussed the need to ensure funding sustainability for MAT once federal opioid response grants end. The working group also was interested in ensuring that the certified community behavioral health clinic (CCBHC) model Kansas adopts will allow CCBHCs to collaborate with SUD providers to ensure access to MAT and other treatment. The group also discussed requiring KanCare managed care organizations to report regularly to the Robert G. (Bob) Bethell Committee on Home and Community Based Services and KanCare Oversight regarding network adequacy for MAT services. The state also can use the KanCare 3.0 contracting process to emphasize the need to expand access to and capacity of MAT services.

Revised 3.3: Foster Homes.
The original recommendation language for Recommendation 3.3 Foster Homes is "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 serious emotional disturbance (SED) youth." In this year's discussion, some working group members felt the recommendation should be modified to include ways to improve systems to support foster families. Based on discussion with DCF, the following themes could be referenced in the report language or the recommendation:

- Support families navigating child welfare and Medicaid programs (would be a new project)
- Continue investment in recruiting, preparing and supporting families to serve high-acuity and older youth, and in recruiting, preparing, retaining and supporting African-American families (underway)
- Provide in-home therapeutic parenting services for families to meet high-acuity needs (ongoing goal)
- Ensure services are available across the continuum of care for youth discharged from inpatient or PRTF settings

Revision Language:
The working group identified the following revisions on December 2 and ratified the language on December 6.

- 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 serious emotional disturbance (SED) youth;
- Supporting families navigating child welfare and Medicaid programs;
- Continuing investment in recruiting, preparing and supporting families to serve high-acuity and older youth, and in recruiting, preparing, retaining and supporting African-American families;
- Providing in-home therapeutic parenting services for families to meet high-acuity needs; and
- Ensuring services are available across the continuum of care for youth discharged from inpatient or PRTF settings.

Context for Revisions:

- **Treat Foster Families as Families:** The working group members stressed the importance of treating foster families as families. Because the working group determined it was essential to support families, all of DCF's identified recommendations were adopted and ratified.
- **Kinship Conversation:** The working group discussed that the recommendation rationale should have a broader conversation about foster care to include kinship placements and children in adoptive homes.

3.4 Community-Based Liaison.

The working group reviewed the following language on December 2. This language was ratified on December 6.

- Expand locations where community-based liaisons are available to facilitate connection to treatment and support services (e.g., community mental health services) upon re-entry as a component of pre-release planning and services for justice-involved adults and youth with substance use disorder (SUD) and co-occurring conditions.

4.4 Behavioral Health Prevention.

The working group reviewed the following language on December 2. This language was ratified on December 6.

- Increase state funds for behavioral health prevention efforts to support additional evidence-based primary prevention and grant opportunities for community prevention activities.

Report Language

KHI provided working group members a brief update and reminder that the Autism Task Team and Governor's Commission on Racial Equity and Justice are simultaneously creating recommendations. Some of these recommendations may complement the discussions of the current working group members.

Administrative Updates

Working group members were asked to review the report draft following dissemination on Friday, December 3, in preparation for the Dec 6 meeting.

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

- Dec. 6 at 1pm, Working Group meeting for ratification of the report
- Dec. 15-16, Presentation of report to Special Committee (*changed from December 10*)