

# **Special Committee on Mental Health Modernization System Capacity and Transformation Working Group Meeting**

*December 2, 2021*

*8:30-10:00am*

## **Meeting Notes**

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

### **Agenda:**

8:30am – Working Group Member Introductions and Meeting Commitments  
8:35am – New Recommendations  
9:25am – 988 Suicide Prevention Lifeline  
9:40am – Revised Recommendations/Discussion Item  
9:56am – Administrative Matters  
10:00am - 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:

Sherri Schuck, Pottawatomie County Attorney Office; Denise Cyzman, Community Care Network of Kansas; Former Secretary Don Jordan; Kyle Kessler, Association of Community Mental Health Centers of Kansas Inc; Representative Cindy Neighbor; Laura Brake, KDADS; Senator Tom Hawk; Andy Brown, KDADS; Amy Dean-Campmire, DOC

#### Dec. 6 Working group members:

*Rep. Barbara Ballard; Rep. Brenda Landwehr; Rep. Will Carpenter; Jean Clifford, KSBOE; Jane Adams, Keys for Networking Inc; Laura Brake, KDADS; Sen. Tom Hawk; the Honorable Sally Pokorny; Brenda Soto, DCF; Kyle Kessler, ACMHCK; Sandra Berg, UHC; Spence Koehn, OJA; Rep. Cindy Neighbor*

#### Dec 2 Staff:

Kari Bruffett, KHI; Samiyah Para-Cremer, KHI; Jenna Moyer, Office of the Revisor; Amy Deckard, KLRD; Melissa Renick, KLRD

#### Dec 6 Staff:

*Kari Bruffett, KHI; Hina Shah, KHI; Samiyah Para-Cremer, KHI; Jenna Moyer, Office of the Revisor; Amy Deckard, KLRD*

## **New Recommendations**

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

### **Expand Mental Health Intervention Teams.**

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

- Expand Mental Health Intervention Team: Expand the Mental Health Intervention Team grant program to additional **school** districts. Support continuity and provide a way for students to access services when schools are not open by extending the times of services at schools, utilizing Community Mental Health Centers or other mental health **resources providers**.

***Context for Recommendation:***

- **Pilot Program or Program Change:** The working group members determined that this recommendation was the continuation of a pilot program
- **Need for Long-Term Plan:** Some working group members expressed concerns that there must be a long-term funding plan for the Mental Health Intervention Team program. One suggestion was to consider a school finance approach.
- **Importance for Youth:** Working group members explained that this program, in combination with 988 Lifeline and CMHCs are crucial to reducing youth suicide and could have additional benefits in reducing entrance rates into foster care.

**Outcomes Data.**

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

- Work with the State Epidemiological Outcomes Workgroup (SEOW) to establish an annual legislative report on state behavioral health outcomes using existing data and outcome measures.

**Regional Specialty Courts/Venue Transfer.**

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

- Explore creation of regional specialty courts across Kansas. Consider implications related to venue transfer for access to regional specialty courts.

***Context for Recommendation:***

- **Complexity of Implementation:** Working group members explained that the exploration of regional specialty courts should be straightforward, but the implementation of regional specialty courts would be highly challenging.

**Specialty Court Coordinators.**

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

- Provide funding for judicial districts that meet qualifying criteria to hire specialty court coordinators.

**Competency Evaluation and Restoration.**

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

- Provide funding for community mental health centers to conduct mobile competency evaluation and competency restoration.

***Context for Recommendation:***

- **Pilot Program or State Mandate:** The working group debated whether this recommendation would best be implemented as a pilot program or as a statewide program. The working group determined that for now, it is best to implement this recommendation as a pilot program to help with immediate need for increased capacity to conduct competency evaluations.
- **Due Process Rights and Potential for High Impact:** The working group members determined that this recommendation has a potential for extremely high impact for those waiting on competency evaluations. Working group members pointed to the long waiting periods that can last up to 360 days for competency evaluations and implications for due process.

## **988 Suicide Prevention Lifeline Funding**

### **Overview and Materials:**

Andy Brown of KDADS presented a [988 Suicide Prevention Lifeline and Crisis Response background memo](#) to the working group detailing the program's rollout timeline and budgetary needs.

### **Questions and Discussion:**

- In discussing the \$17.4 million raised through the telecommunications surcharge, you mentioned that \$1.5 million goes towards the suicide prevention plan. Is that the same suicide prevention plan funding mentioned in *Recommendation 2.4: Suicide Prevention*?
  - Yes, the telecommunications surcharge would help fund that recommendation.

### **988 Suicide Prevention Line Funding.**

The original Recommendation 4.1 988 Suicide Prevention Lifeline Funding recommendation language is:

- Once the 988 National Suicide Prevention Lifeline (NSPL) phone number is implemented, Kansas should collect fees via phone bills to support increasing the in-state answer rate and ensure that callers are connected to in-state resources.

### **Proposed Revision:**

The working group proposed the following revision to Recommendation 4.1. This language was ratified on December 6.

- Once the 988 National Suicide Prevention Lifeline (NSPL) phone number is implemented, Kansas should collect fees via phone bills to support increasing the in-state answer rate and ensure that callers are connected to in-state resources. **The Legislature should consider HB 2281 in the 2022 session to ensure funds are available in July 2022.**

### **Context for Revision:**

- **HB 2281:** The working group determined it was important to reference the active house bill that would implement this recommendation if passed.

## **Revised Recommendations/Discussion Item**

Working group members reviewed the following recommendations and high priority discussion item, completed a characterization form ranking ease of implementation and potential for high impact, and reviewed drafted rationale language for the report.

### **High Priority Discussion Item: Medicaid Expansion.**

Based upon survey results, the working group discussed replacing the 2020 high-priority discussion language with the language below. On December 2, the working group achieved consensus around the following language for the high-priority discussion:

- There should be discussion about the extent to which Medicaid expansion could help address recommendations in this report, including access to care and the financial impact of federal incentives in the American Rescue Plan Act.

### **December 6 Revision:**

On December 6, the working group decided to remove new language and instead include the 2020 rationale for the high-priority discussion, included below for reference. 2020 report language will be included in the 2021 working group report.

- Medicaid expansion has been recommended by previous task forces, including the Mental Health Task Force, the Governor's Substance Use Disorders Task Force and the Child Welfare System Task Force. Medicaid Expansion was flagged by the Working

Group as a high priority discussion when considering opportunities to modernize the behavioral health system due to the opportunity that it represents to improve access to behavioral health services at all levels of care and allow investment in workforce and system capacity. Expanding Medicaid under the terms of the Affordable Care Act would provide insurance coverage to an estimated 130,000 to 150,000 Kansans. Working Group members noted that many of these individuals may already be utilizing services within the behavioral health system, but in many cases those services are uncompensated or subsidized by state grants. Ninety percent of Medicaid expansion costs would be covered by the federal government. Other Kansans with behavioral health needs may be foregoing care completely until they reach a crisis. The Working Group considered Medicaid expansion as a high priority discussion item for the Special Committee, as the Kansas Legislature is the body to determine whether expansion will move forward.

***Context for Revision:***

- Some working group members said they wanted the opportunity to discuss the American Rescue Plan-related language as well, and it was determined that while the report would include the 2020 language, the other language could be discussed in the Special Committee.

**2.2 Addressing Inpatient Capacity by Implementing a Regional Model.**

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

- Implement and fund a comprehensive plan to address voluntary and involuntary hospital inpatient capacity needs while providing all levels of care across all settings, **supplementing the traditional state hospital setting with regionalized facilities accepting both voluntary and involuntary admissions for persons in acute services as well as longer-term/tertiary specialized care. Ongoing analysis should be conducted to identify geographic areas of need and gaps in levels of care.**

**2.3 Reimbursement Rate Increase and Review.**

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

- Implement an immediate increase of 10-15 percent for reimbursement rates **for all providers of** behavioral health services. After increasing reimbursement rates, establish a Working Group to regularly review the reimbursement structures for behavioral health services for both the uninsured and the Medicaid population.

**8.1 Correctional Employees.**

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

- Expand training provided in **state** correctional facilities, **local jails and detention centers** to allow employees to better recognize those with substance use disorders, use a trauma-informed approach to identify other mental health needs, and connect those with needs to available services.

**8.3 Law Enforcement Referrals.**

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

- Increase utilization and development of evidence-based SUD referral as well as treatment and recovery services among persons with law enforcement contact, which could include securing funding to increase access **to inpatient, residential and outpatient** services for this population.

#### **8.4 Defining Crossover Youth Population.**

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

- Future efforts should include behavioral health within an operationalized definition for youth with offender behaviors at risk of entering foster care, as well as including diverted youth in the definition of the broader juvenile offender population. **Coordinate with juvenile corrections advisory boards to ensure local implementation aligns with statewide policy team recommendations.**

#### **9.3 Integration.**

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

- Increase integration, linkage, collaboration and identify care transition best practices among mental health, substance abuse, primary care and emergency departments across the state. **For example**, adopt coding practices that allow for the integration of services across the continuum of care domains (including, but not limited to, primary care, substance use disorder, and mental health) to provide more integrated services to clients with co-occurring conditions.

#### **9.5 Family Psychotherapy.**

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

- Enable utilization of procedure code 90846 in Medicaid as a tool to support youth in foster care. **This would allow therapists/practitioners to have discussions without the child present.**

### ***Administrative Matters***

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 2pm, Working Group meeting for ratification of the report
- Dec. 15-16, Presentation of report to Special Committee (**changed from December 10**)