

# **Report Overview of Strategic Framework**

*Report of the Special Committee on  
Kansas Mental Health Modernization and Reform  
to the 2021 Kansas Legislature*

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# Report Overview

The Special Committee on Mental Health Modernization and Reform (Special Committee) was tasked with analyzing the state’s behavioral health system and developing a strategic effort to modernize the system.

To achieve this directive, the Special Committee established three Working Groups to review and update recommendations from five previous collaborative efforts to improve components of the behavioral health system.

The Working Groups established by the Special Committee included those on Finance and Sustainability (WG1), Policy and Treatment (WG2) and System Capacity and Transformation (WG3). This report summarizes the work of those groups. This effort was made possible by the previous work of the Child Welfare

System Task Force, the Governor’s Behavioral Health Services Planning Council, the Governor’s Substance Use Disorder (SUD) Task Force, the Mental Health Task Force and the Crossover Youth Working Group. Recommendations from these past efforts provided the foundation for this report.

The behavioral health system refers to the system of care that includes the promotion of mental health, resilience and well-being; the prevention, referral, diagnosis, and treatment of mental and substance use disorders; and the support of persons with lived experience in recovery from these conditions, along with their families and communities.

*Adapted from the Substance Abuse and Mental Health Services Administration (SAMHSA)*

**Navigating this Report:** High-priority recommendations are included in Figure 1 (page vi) and are designated as either:

- **Immediate Action** are those that the Working Groups believe can be completed in the next two years.
- **Strategic Importance** are those that should be initiated in the near term but will be completed in the longer term.

In addition to high-priority recommendations, the group also offered one high-priority discussion item to urge the Special Committee to consider the potential contribution of Medicaid expansion to a modernized behavioral health system. Recommendations not considered a high-priority are available in *Appendix A*, page A-1.

This report summarizes the efforts of the three Working Groups to put forward recommendations to the Special Committee. High-priority recommendations are sorted by topic, either for immediate action or for strategic importance. Topics around which the Working Groups were asked to make recommendations include workforce, funding and accessibility, community engagement, prevention and education, treatment and recovery, special populations, data systems, interactions with the legal systems and law enforcement, system transformation and telehealth.

Recommendations in this report collectively form a strategic framework that can be considered a ‘living document’ to support ongoing collaboration between the many contributing partners in the behavioral health system, government agencies and state Legislature.

## ***Vision for Modernization***

At meetings of the Special Committee between August and October 2020, Working Group, roundtable and Special Committee members discussed each of the ten identified topics to articulate a vision for modernization. The following key points summarize those discussions. More detail related to the vision discussion is included in the section of the report corresponding to each topic.

- **Workforce.** A modernized workforce is one where behavioral health staffing is adequate to meet needs across rural, frontier and urban areas of the state. Telehealth will play a role in meeting needs, but local staffing will remain important. Modernization will require both growing the workforce and retaining staff. (See [page 7](#)).
- **Funding and Accessibility.** A modernized approach to funding behavioral health will require continuous and timely pursuit of new funding mechanisms to ensure that reimbursement rates are competitive. Accurate and appropriate funding of care for Kansans is a key element of a sustainably funded, modern behavioral health system. A modern system will identify the right populations to serve, make services meaningfully accessible and rely on measurable outcomes to drive decisions. (See [page 11](#)).
- **Community Engagement.** Effective community engagement in a modernized behavioral health system will include a collaboration of individuals in recovery and behavioral health providers to support key efforts. Key efforts include those to support employment, re-entry planning for incarcerated individuals, behavioral health supports and education for foster homes. (See [page 17](#)).

- **Prevention and Education.** Modernized prevention efforts will seek to meet the behavioral health needs of populations at increased risk for poor outcomes, requiring a collaborative, trauma-informed approach and appropriate funding. (See [page 22](#)).
- **Treatment and Recovery.** A modernized behavioral health system will deliver an expanded array of early, affordable, accessible, evidence-informed behavioral health services for all, with an emphasis in serving consumers in the settings that are most likely to support effective engagement with treatment, and with meaningful coordination and collaboration across disciplines and settings. (See [page 26](#)).
- **Special Populations.** To serve special populations in a modernized behavioral health system, data, consumers and families will drive the system. Building on existing strengths, a modernized approach will be integrated, proactive and responsive whenever there is a need or a self-identified crisis, and data will be used to understand disparities. (See [page 30](#)).
- **Data Systems.** A modernized system will require a seamless, real-time data system with multi-directional data sharing among behavioral health providers, other health care providers and systems, community organizations, social service providers and payers. A collaborative data system will support reporting of measurable outcomes while maintaining privacy protections. (See [page 35](#)).
- **Interactions with the Legal System and Law Enforcement.** Through collaboration, a modernized behavioral health system will have the ability to make timely connections for individuals in crisis to services in the least restrictive setting appropriate to ensure safety. (See [page 40](#)).
- **System Transformation.** A modernized system will work in both evidence-based treatment and prevention with focus on the patients to address a continuum of needs. Transformation will result in a mission-driven, rationally funded and outcome-oriented system that uses data to identify problems and develop solutions. (See [page 44](#)).
- **Telehealth.** A modernized behavioral health system will deliver technologically current telehealth services as a strategy to provide meaningful access to care across rural, frontier and urban areas. These services will be high-quality, integrated with other modes of care delivery and ensure consumer choice and privacy, in addition to supporting the full spectrum of behavioral health care. (See [page 49](#)).

# High-Priority Items for Special Committee Consideration

Figure 1. Working Group High-Priority Recommendations by Topic

<b>WORKFORCE</b>
<b>Immediate Action</b>
<p><b><u>Recommendation 1.1 Clinical Supervision Hours</u></b>. Where applicable, reduce the number of clinical supervision hours required of master’s-level behavioral health clinicians to obtain clinical licensure from 4,000 to 3,000, similar to the reduction in clinical hours of social workers.</p>
<p><b><u>Recommendation 1.2 Access to Psychiatry Services</u></b>. Require a study be conducted by KDHE with an educational institution, to explore strategies to increase the number of psychiatrists, child and adolescent psychiatrists, and psychiatric nurses. [Note: The Committee requests consideration be given to educational institutions, regardless of size, that can provide this expertise and assistance.]</p>
<p><b><u>Recommendation 1.3 Provider MAT Training</u></b>. Increase capacity and access to medication-assisted treatment (MAT) in Kansas through provider training on MAT.</p>
<b>Strategic Importance</b>
<p><b><u>Recommendation 1.4 Workforce Investment Plan</u></b>. 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:</p> <ul style="list-style-type: none"> <li>• Develop a career ladder for clinicians, such as through the development of an associate’s-level practitioner role; and</li> <li>• Take action to increase workforce diversity, including diversity related to race/ethnicity, LGBTQ and the ability to work with those with limited English proficiency.</li> </ul>
<p><b><u>Recommendation 1.5 Family Engagement Practices</u></b>. Provide adequate workforce compensation and reimbursement rates for time spent planning and implementing family engagement practices. Such support should be based on local needs, priorities, and goals determined at the program and school levels, in partnership with families.</p>

Figure 1 (continued). Working Group High-Priority Recommendations by Topic

<b>FUNDING AND ACCESSIBILITY</b>
<b>Immediate Action</b>
<p><b><u>Recommendation 2.1 Certified Community Behavioral Health Clinic Model.</u></b> Support expansion of the federal Excellence in Mental Health Act and then pursue participation. If participation in the Excellence in Mental Health Act is not possible, pursue a state plan amendment or change to the 1115 Waiver to allow interested providers to gain access to the Certified Community Behavioral Health Clinic (CCBHC) model.</p>
<p><b><u>Recommendation 2.2 Addressing Inpatient Capacity.</u></b> Implement and fund a comprehensive plan to address voluntary and involuntary hospital inpatient capacity needs while providing all levels of care across all settings.</p>
<p><b><u>Recommendation 2.3 Reimbursement Rate Increase and Review.</u></b> Implement an immediate increase of 10-15 percent for reimbursement rates for behavioral health services. After increasing reimbursement rates, establish a Working Group to regularly review the reimbursement rates available for behavioral health services, including mental health and substance use disorder treatment.</p>
<p><b><u>Recommendation 2.4 Suicide Prevention.</u></b> Allocate resources to prioritized areas of need through data driven decision-making. Assist local suicide prevention efforts and promote local support groups in fund-raising efforts, building capacity, and increasing availability for survivors of suicide loss. Dedicate resources and funding for suicide prevention.</p>
<p><b><u>Recommendation 2.5 Problem Gambling and Other Addictions Fund.</u></b> Recommend the State continue to incrementally increase the proportion of money in the Problem Gambling and Other Addictions [Grant] Fund that is applied to treatment over the next several years until the full fund is being applied as intended.</p>
<b>High-Priority Discussion</b>
<p>In addition to these recommendations for immediate action and of strategic importance, the Finance and Sustainability Working Group also puts forward the issue of Medicaid expansion as a high-priority discussion item for the Special Committee. The recommendation discussed by the Working Group related to Medicaid Expansion read, “Recommend a full expansion of Medicaid in order to increase access to healthcare for uninsured, low-income Kansans.” More information on this item is available in the Funding and Accessibility section beginning on <a href="#">page 16</a>.</p>

Figure 1 (continued). Working Group High-Priority Recommendations by Topic

<b>COMMUNITY ENGAGEMENT</b>
<b>Immediate Action</b>
<b><u>Recommendation 3.1: Crisis Intervention Centers</u></b> . Utilize state funds to support the expansion of crisis centers around the state.
<b><u>Recommendation 3.2 IPS Community Engagement</u></b> . Increase engagement of stakeholders, consumers, families, and employers through the Kansas Department of Health and Environment (KDHE) or Kansas Department for Aging and Disability Services (KDADS) by requiring agencies implementing the Individual Placement and Support (IPS) program to create opportunities for assertive outreach and engagement for consumers and families.
<b>Strategic Importance</b>
<b><u>Recommendation 3.3 Foster Homes</u></b> . 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.
<b><u>Recommendation 3.4 Community-Based Liaison</u></b> . Fund and improve resources for community-based liaison 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.
<b>PREVENTION AND EDUCATION</b>
<b>Immediate Action</b>
<b><u>Recommendation 4.1 988 Suicide Prevention Line Funding</u></b> . 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.
<b><u>Recommendation 4.2 Early Intervention</u></b> . Increase access to early childhood mental health services by including additional language in the Medicaid state plan to explicitly cover the cost of early childhood mental health screening, assessment, and treatment.
<b><u>Recommendation 4.3 Centralized Authority</u></b> . Centralize coordination of behavioral health – including substance use disorder and mental health – policy and provider coordination in a cabinet-level position.
<b>Strategic Importance</b>
<b><u>Recommendation 4.4 Behavioral Health Prevention</u></b> . Increase state funds for behavioral health prevention efforts (e.g., SUD prevention, suicide prevention).

Figure 1 (continued). Working Group High-Priority Recommendations by Topic

<b>TREATMENT AND RECOVERY</b>
<b>Immediate Action</b>
<p><b><u>Recommendation 5.1 Psychiatric Residential Treatment Facilities.</u></b> Monitor ongoing work to improve care delivery and expand capacity at Psychiatric Residential Treatment Facilities (PRTF) to meet the needs of youth for whom a PRTF is medically appropriate, such as through reductions in the PRTF waitlist and a focus on reintegration and discharge planning, including with schools.</p>
<b>Strategic Importance</b>
<p><b><u>Recommendation 5.2 Service Array.</u></b> Explore options to expand the behavioral health service array, including the expansion of MAT in block grant services. Make the expanded service array available to individuals across the state, such as KanCare enrollees, those with private insurance and the uninsured.</p>
<p><b><u>Recommendation 5.3 Frontline Capacity.</u></b> 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.</p>
<p><b><u>Recommendation 5.4 Housing.</u></b> Expand and advance the SSI/SSDI Outreach, Access, and Recovery (SOAR) program (including additional training regarding youth benefits) and the Supported Housing program.</p>



Figure 1 (continued). Working Group High-Priority Recommendations by Topic

<b>SPECIAL POPULATIONS</b>
<b>Immediate Action</b>
<p><b><u>Recommendation 6.1 Domestic Violence Survivors.</u></b> Build awareness of and responsiveness to the behavioral health needs and risks of domestic violence survivors of all ages through data analysis, information sharing, workforce training, and targeted interventions between domestic violence providers, state agencies and community providers serving individuals impacted by domestic violence.</p>
<p><b><u>Recommendation 6.2 Parent Peer Support.</u></b> Increase access to parent peer support for caregivers and families of youth in the behavioral health system, including ensuring appropriate supports for fathers of dependent children.</p>
<b>Strategic Importance</b>
<p><b><u>Recommendation 6.3 Crossover Youth.</u></b> Continue to develop linkages between the behavioral health system, juvenile justice system and the child welfare system to increase understanding of treatment options available to youth externalizing trauma in the crossover youth population as current treatment options are not meeting the needs of this population. Then, develop specialty services to meet the needs of this population.</p>
<p><b><u>Recommendation 6.4 I/DD Waiver Expansion.</u></b> Fully fund the I/DD waiver and expand I/DD waiver services. Increase reimbursement rates for I/DD services to support workforce expansion.</p>
<p><b><u>Recommendation 6.5 Family Treatment Centers.</u></b> Increase the number and capacity of designated family SUD treatment centers as well as outpatient treatment programs across the state.</p>

Figure 1 (continued). Working Group High-Priority Recommendations by Topic

<b>DATA SYSTEMS</b>
<b>Immediate Action</b>
<p><b><u>Recommendation 7.1 State Hospital EHR.</u></b> The new state hospital electronic health record (EHR) system should be interoperable with other data systems in the state. Interoperability should include the ability to automate the current process to reinstate Medicaid benefits following discharge.</p>
<p><b><u>Recommendation 7.2 Data and Survey Informed Opt-Out.</u></b> Collect, analyze, use, and disseminate surveillance data to inform prevention. Change legislation regarding public health and behavioral health state surveys, including changing the Kansas Communities That Care (KCTC) and Youth Risk Behavior Surveillance System (YRBSS) surveys from an opt-in consent to an informed opt-out consent, to allow for meaningful data collection.</p>
<p><b><u>Recommendation 7.3 Information Sharing.</u></b> Utilize Medicaid funds to incentivize participation in health information exchanges (e.g., LACIE/KHIN). Explore health information exchanges as information source on demographic characteristics, such as primary language and geography for crossover youth and other high priority populations.</p>
<p><b><u>Recommendation 7.4 Needs Assessment.</u></b> Conduct a statewide needs assessment to identify gaps in funding, access to SUD treatment providers and identify specific policies to effectively utilize, integrate and expand SUD treatment resources.</p>
<b>Strategic Importance</b>
<p><b><u>Recommendation 7.5 Cross-Agency Data.</u></b> Encourage state agencies to develop policies that improve their ability to access and review cross-agency data for making service and program decisions based on a thorough, shared needs assessment.</p>

Figure 1 (continued). Working Group High-Priority Recommendations by Topic

<b>LEGAL SYSTEM AND LAW ENFORCEMENT</b>
<b>Immediate Action</b>
<p><b><u>Recommendation 8.1 Correctional Employees.</u></b> Expand training provided in correctional facilities 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.</p>
<p><b><u>Recommendation 8.2 Criminal Justice Reform Commission Recommendations.</u></b> Implement recommendations developed by the Criminal Justice Reform Commission (CJRC) related to specialty courts (e.g., drug courts) and develop a process for regular reporting on implementation status and outcomes.</p>
<p><b><u>Recommendation 8.3 Law Enforcement Referrals.</u></b> Increase utilization and development of evidence-based SUD referral as well as treatment and recovery services among persons with law enforcement contact (this includes securing funding to increase access to services for this population).</p>
<b>Strategic Importance</b>
<p><b><u>Recommendation 8.4 Defining Crossover Youth Population.</u></b> 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.</p>

Figure 1 (continued). Working Group High-Priority Recommendations by Topic

<b>SYSTEM TRANSFORMATION</b>
<b>Immediate Action</b>
<p><b><u>Recommendation 9.1 Regional Model.</u></b> Develop a regional model that would supplement 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. Currently, there is a particular gap in capacity in south central Kansas.</p>
<p><b><u>Recommendation 9.2 Long-Term Care Access and Reform.</u></b> Reform nursing facilities for mental health (NFMHs) to allow for the provision of active treatment and necessary rehabilitative services and crisis services in NFMHs and inclusion within continuum of care. Increase access to long-term care (LTC) facilities, particularly for individuals with past involvement with the criminal justice system or those with a history of sexual violence.</p>
<p><b><u>Recommendation 9.3 Integration.</u></b> Increase integration, linkage, collaboration and identify care transition best practices among mental health, substance abuse, primary care and emergency departments across the state. 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.</p>
<b>Strategic Importance</b>
<p><b><u>Recommendation 9.4 Evidence Based Practices.</u></b> Kansas should continue and expand support for use of evidence based practices (EBP) in the state, including for housing and supported employment. Coordinate EBP utilization across systems (e.g., law enforcement, SUD, mental health care) with a goal of implementing programs with fidelity, when possible.</p>
<p><b><u>Recommendation 9.5 Family Psychotherapy.</u></b> Enable utilization of procedure code 90846 in Medicaid as a tool to support youth in foster care, as well as any child accessing care in a Psychiatric Residential Treatment Facility.</p>

Figure 1 (continued). Working Group High-Priority Recommendations by Topic

<b>TELEHEALTH</b>
<b>Immediate Action</b>
<p><b><u>Recommendation 10.1 Quality Assurance.</u></b> Develop standards to ensure high-quality telehealth services are provided. This includes:</p> <ul style="list-style-type: none"> <li>• Establishing consistent guidelines and measures for telehealth in collaboration with licensing and regulatory agencies.</li> <li>• Requiring standard provider education and training.</li> <li>• Ensuring patient privacy.</li> <li>• Educating patients on privacy-related issues.</li> <li>• Allowing telehealth supervision hours to be consistently counted toward licensure requirements.</li> <li>• Allowing services to be provided flexibly when broadband access is limited.</li> </ul>
<p><b><u>Recommendation 10.2 Reimbursement Codes.</u></b> Maintain reimbursement codes added during the public health emergency for tele-behavioral health services and consider options to prevent loss of facility fees so that providers are not losing revenue by delivering telehealth services.</p>
<p><b><u>Recommendation 10.3 Telehealth for Crisis Services.</u></b> Establish coverage of telehealth for crisis services to allow for the use of telehealth with law enforcement and mobile crisis services. Explore virtual co-responder models for law enforcement to aid police departments and other law enforcement agencies as they respond to mental health crisis in rural and frontier communities.</p>
<b>Strategic Importance</b>
<p><b><u>Recommendation 10.4 Originating and Distant Sites.</u></b> The following items should be addressed to ensure that individuals receive — and providers offer — telehealth in the most appropriate locations:</p> <ul style="list-style-type: none"> <li>• Adopt a broad definition of originating site, consistent with the Kansas Telemedicine Act.</li> <li>• Allow staff to provide services from homes or other non-clinical sites, if patient privacy and safety standards can be met.</li> <li>• Examine issues related to providers practicing, and patients receiving, services across state lines, such as by exploring participation in interstate licensure compacts.</li> </ul>
<p><b><u>Recommendation 10.5 Child Welfare System and Telehealth.</u></b> Utilize telehealth to maintain service and provider continuity as children, particularly foster children, move around the state. Consider how the unique needs of parents of children in the child welfare system can be met via telehealth.</p>