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Social Services Budget Committee

January 17, 2018

Mental Health Task Force Report

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To improve the health of all Kansans through educational offerings that support effective policymaking, engage stakeholders at the state and community levels, and provide nonpartisan, actionable and evidence-based information.

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Chairwoman Landwehr and Members of the Committee:

Thank you for the opportunity to provide a report on the implementation of the budget proviso that directed the Kansas Department for Aging and Disability Services (KDADS) to convene a Mental Health Task Force. My name is Tatiana Lin and I am a team leader with the Kansas Health Institute, where I work on a variety of initiatives related to community health improvement.

The Kansas Health Institute (KHI) is a nonprofit, nonpartisan educational organization based here in Topeka, founded in 1995 with a multiyear grant from the Kansas Health Foundation.

The main focus of my testimony is to provide background information about the Mental Health Task Force structure and process. Following my testimony, Kyle Kessler, Executive Director, Association of Community Mental Health Centers of Kansas, Inc., and a member of the Mental Health Task Force, will provide an overview of the priority recommendations identified by the Task Force.

In July 2017, KDADS approached KHI about our potential interest in providing technical support to the Task Force. After discussing what the work would involve, learning about the expertise and diversity of the members of the Task Force, and clarifying that the report would be prepared by and on behalf of the Task Force, KHI entered into a Memorandum of Understanding with KDADS in September 2017. The scope of work was to provide facilitation and research support for the Task Force and to summarize the information discussed during the meetings in the Task Force's report to the Kansas Legislature. KHI's work was designed to supplement, not supplant, the Task Force and KDADS' capacity. KHI services were provided as a form of professional consultation, at no cost to KDADS, and all decisions were made by the Task Force.

The Task Force was convened by KDADS and consisted of 11 legislatively appointed members that included behavioral health providers, advocacy organizations, citizens with lived experience, and other behavioral health experts. In addition, the meeting attendees included several KDADS staff members and a representative from the Kansas Legislative Research Department (KLRD). The meetings were facilitated by KHI.

Beginning September 12, 2017, the Task Force met eight times. In general, the meetings were held bi-weekly and lasted between two and five hours. Six out of eight meetings were conducted in person, while two meetings were held over the phone. The meeting topics were informed by the legislative proviso and were determined at the beginning of the process. During the four-month process, the Task Force reviewed, discussed and made recommendations related to seven topics:

1. Maximizing Federal Funding and Funding from Other Sources
2. Crisis Stabilization
3. Inpatient Capacity
4. Privatization of Services
5. Nursing Facilities for Mental Health (NFMHs)
6. Continuum of Care for Children and Youth
7. Other Recommendations

To efficiently utilize available resources, the creation of recommendations included revisiting and updating recommendations available in the reports developed by Kansas behavioral health experts on other committees over the past five years. Given the breadth and depth of these reports, the Task Force began identifying priority areas by reviewing relevant recommendations included in 11 of these previous reports. The previous recommendations were compiled by KHI for discussion at each meeting. In all, the Task Force reviewed approximately 150 recommendations.

To further identify priority recommendations or create new ones, the Task Force was asked to characterize existing recommendations based on potential impact and the level of required resources. Recommendations that were characterized as "low impact and high resources" were excluded from further consideration. After characterizing the first set of recommendations, the Task Force expressed interest in considering additional criteria for characterizing recommendations. The criteria described in Figure 1, page 4 (Attachment 1) allowed the Task Force to assess each recommendation's impact in terms of its timing, magnitude of effect, and potential to avoid costs. Additionally, the Task Force noted if the implementation of each recommendation could be done within the existing system or process, and then identified the level of initial investment required to implement the recommendation.

After the completion of the characterization process, the Task Force prioritized for action 26 recommendations that would strengthen and improve the behavioral health system in Kansas. The decision on each priority recommendation was made by consensus.

The report describing the Task Force's work and recommendations was compiled on their behalf by KHI. In December 2017, the Task Force reviewed and edited the report, and on January 5, 2018, the Task Force completed and approved the 52-page (plus appendices) report. The final report was then submitted to the Legislature on January 8, 2018, by KDADS on behalf of the Task Force.

The report has seven main sections. Each section provides information about the topic, lists priority recommendations, and details required actions and steps needed to implement recommendations, as well as potential impacts.

Thank you for the opportunity to provide background information about the Mental Health Task Force's report. I will be happy to stand for questions about the process at the appropriate time.

Enclosure: Attachment 1, page 4.

Attachment 1.

Figure 1. **Characterization Matrix Used to Assess Each Recommendation**

Characterization Matrix											
Recommendation (Example)	**When Do We Expect to See a High Impact?**			**Is There an Existing System/Process to Support the Implementation of Recommendation?**		**What Level of Initial Investment Will be Required?**		**How Many People Are Likely to Be Affected by This Recommendation?**		**Avoid Costs?**	
	Short Term (1-2 years)	Long Term (more than 3 years)	Neither (low impact is anticipated)	Yes	No	Low	High	Small Number	Large Number	Yes	No

Source: Mental Health Task Force Report, January 8, 2018.