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House Health and Human Services Committee

January 19 and 20, 2021

Presentation on the Working Groups of the Special Committee on Mental Health
Modernization and Reform

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The Kansas Health Institute supports effective policymaking through nonpartisan research, education and engagement. KHI believes evidence-based information, objective analysis and civil dialogue enable policy leaders to be champions for a healthier Kansas. Established in 1995 with a multiyear grant from the Kansas Health Foundation, KHI is a nonprofit, nonpartisan educational organization based in Topeka.

Chair Landwehr and Members of the Committee:

Thank you for the opportunity to provide a report on the Working Groups of the Special Committee on Mental Health Modernization and Reform to the 2021 Kansas Legislature. My name is Carlie Houchen, and I am a senior analyst at the Kansas Health Institute (KHI). My colleague, Hina Shah, a senior analyst at KHI, also is present today. KHI provided facilitation and report development for the Working Group Report that we will be overviewing today.

The Legislative Coordinating Council (LCC) authorized the Special Committee on Mental Health Modernization and Reform to meet for six days between August and December 2020. That group, led by Chair Landwehr, was interested to put together a long-term strategic plan for modernizing the behavioral health system in Kansas. To accomplish this, the group engaged dozens of experts through a Roundtable format and established working groups. Kansas Department of Health and Environment, Kansas Department for Aging and Disability Services and the Department for Children and Families each had representatives participate on and contribute to the established working groups. For a full list of working group members, please see Attachment A. Additionally, the group relied on the work that had been done across five previous collaborative efforts: The Governor's Behavioral Health Services Planning Council, the Governor's Substance Use Disorder Task Force (2018), the Mental Health Task Forces (2018 and 2019), the Child Welfare System Task Force (2019) and the Crossover Youth Working Group (2019).

My brief testimony will provide background information about the Working Group process and an overview of the *Report of the Special Committee on Kansas Mental Health Modernization and Reform to the 2021 Kansas Legislature*. From a combined pool of Special Committee members, roundtable members and state agency staff, three Working Groups were established to review and update recommendations from the five previous collaborative efforts to improve components of the behavioral health system. The Working Groups established included those on Finance and Sustainability (WG1), Policy and Treatment (WG2) and System Capacity and Transformation (WG3). Additionally, volunteers from each of the three Working Groups came together in a subgroup to discuss the topic of telehealth. The Working Groups met virtually for a combined total of 23 times, in addition to the six Special Committee meeting days. This process is detailed in Figure 1, attached below.

The Working Groups made recommendations based on the following topics: 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.

Throughout this report, high priority recommendations have been designated for immediate action or of strategic importance. Recommendations for immediate action are those that can be completed in the next two years. Recommendations of strategic importance are those that should be initiated in the near-term but will be completed in the longer term. Additionally, there is one high-priority discussion item to urge the Special Committee to consider the potential contribution of Medicaid expansion to a modernized behavioral health system.

To arrive at these high-priority items, each of the three Working Groups utilized a recommendation rubric to discuss and score recommendations. This recommendation rubric is attached below as Figure 2. In addition to scoring recommendations from past collaborative efforts, the Working Groups drafted new recommendations as needed, and updated language from past recommendations to reflect the current understanding of each issue. After review of the scored recommendations, Working Groups determined up to five high-priority recommendations for each of the ten topics assigned out by the Special Committee.

Collectively these high priority recommendations form a strategic framework that should be considered a 'living document' to support ongoing collaboration between the many contributing partners in the behavioral health system, government agencies and state Legislature. The final report includes the following key components:

- Vision statements for modernization as it relates to each of the ten identified topics
- A data profile to provide a snapshot of the behavioral health system in the state
- The high priority items or recommendations

Across meetings the Special Committee discussed the value of using data to closely monitor outcomes related to the behavioral health system. In addition, these data could provide the information needed to ensure that Kansas is on track to achieve a high-quality, modernized behavioral health system and that funds expended toward this end have appropriate impact.

The data presented in the report include a high-level data profile that would provide a systemic assessment of the state's behavioral health system but includes only a subset of the wide range of data that are available about the Kansas behavioral health system, and a number of process and outcomes measures that could measure the impact of many of the high priority recommendations identified by the Working Groups if implemented. Please note that the impact of COVID-19 on the behavioral health system is likely not yet reflected in the data or proposed measures included in this report, but specific measures could be added in subsequent years.

Thank you for the opportunity to provide background information about this report. My colleague, Hina Shah, will present the Data Profile and recommended measures for several high-priority recommendations after the working groups have presented their high-priority recommendations to the committee.

Thank you for the opportunity to provide background information about the working group process and report. I will be happy to stand for questions at the appropriate time.

Figure 1. Working Group Process Diagram

Special Committee on Mental Health Modernization and Reform		
Working Group on Finance and Sustainability (WG1)	Working Group on Policy and Treatment (WG2)	Working Group on System Capacity and Transformation (WG3)
<ul style="list-style-type: none"> • Meeting #1, 9/16/2020, Establish Group and Brainstorm Barriers • Meeting #2, 10/01/2020, Discuss Workforce • Meeting #3, 10/14/2020, Discuss Funding and Accessibility • Meeting #4, 10/28/2020, Discuss Community Engagement • Meeting #5, 11/02/2020, Prioritization Meeting • Meeting #6, 11/19/2020, Prioritization Meeting • Meeting #7, 12/04/2020, Finalize Report 	<ul style="list-style-type: none"> • Meeting #1, 9/15/2020, Establish Group and Brainstorm Barriers • Meeting #2, 9/29/2020, Discuss Prevention and Education • Meeting #3, 10/13/2020, Discuss Treatment and Recovery • Meeting #4, 10/23/2020, Discuss Special Populations • Meeting #5, 11/04/2020, Prioritization Meeting • Meeting #6, 11/19/2020, Prioritization Meeting • Meeting #7, 12/08/2020, Finalize Report 	<ul style="list-style-type: none"> • Meeting #1, 9/18/2020, Establish Group and Brainstorm Barriers • Meeting #2, 9/30/2020, Discuss Data Systems • Meeting #3, 10/09/2020, Discuss Interactions with the Legal System and Law Enforcement • Meeting #4, 10/22/2020, Discuss System Transformation • Meeting #5, 11/06/2020, Prioritization Meeting • Meeting #6, 11/17/2020, Prioritization Meeting • Meeting #7, 12/08/2020, Finalize Report
Telehealth Subgroup		
<ul style="list-style-type: none"> • Meeting #1, 11/10/2020, Identify Recommendations • Meeting #2, 11/13/2020, Prioritize Recommendations 		

Figure 2. Mental Health Modernization and Reform, Working Group Recommendation Rubric, 2020

Recommendation:	
Rationale:	
Ease of Implementation (Score 1-10):	Potential for High Impact (Score 1-10):
<p>Consider:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Program Change (Easiest) <input type="checkbox"/> Pilot Program <input type="checkbox"/> Program Overhaul <input type="checkbox"/> New Program (Most difficult) <p>Will cost be a barrier to implementation?</p> <p>Does the recommendation include strategies for continuity? (<i>How does it consider sustainability?</i>)</p> <p>Which of the following mechanisms may affect the achievability of the recommendation?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Legislative session <input type="checkbox"/> Federal approval process <input type="checkbox"/> Regulatory process <input type="checkbox"/> Contracts <input type="checkbox"/> Agency budget development <input type="checkbox"/> Grant cycles <input type="checkbox"/> Systems (e.g., IT) 	<p>Consider:</p> <p>Will it benefit a large population? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Will it significantly impact special populations?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Foster care <input type="checkbox"/> Frontier communities <input type="checkbox"/> Rural communities <input type="checkbox"/> Urban communities <input type="checkbox"/> Limited English Proficient (LEP) persons <input type="checkbox"/> Low-income individuals <input type="checkbox"/> Children <input type="checkbox"/> Veterans <input type="checkbox"/> Others? (<i>List here</i>) <p>Does it serve those who have been disproportionately impacted by the issue? (<i>Does it address inequities?</i>)</p> <p>Could the recommendation produce savings in other areas?</p>

Figure 2 (continued). Mental Health Modernization and Reform, Working Group Recommendation Rubric, 2020

How does this recommendation contribute to modernization?	
Action Lead: <i>(Who takes point on this recommendation?)</i>	Key Collaborators: <i>(Who should be included as decisions are made about how to implement this recommendation?)</i>
Intensity of Consensus: <i>(Is there group consensus that this recommendation is important for the modernization and reform of the behavioral health system in the state? Does a wide cross-section of stakeholders feel that this recommendation would be mutually beneficial? To be addressed during final review)</i>	

Attachment A. Working Group Membership

Finance and Sustainability Working Group (WG1)

- Senator Larry Alley
- Charles Bartlett, Director of Adult Services, Kansas Department for Aging and Disabilities Services
- Andy Brown, Commissioner of Behavioral Health Services, Kansas Department for Aging and Disabilities Services
- Representative Will Carpenter
- Sarah Fertig, Medicaid Director, Kansas Department of Health and Environment
- Coni Fries, Vice President of Government Relations, Blue Cross and Blue Shield of Kansas City
- Greg Hennen, Co-Chair, Executive Director, Four County Mental Health Center
- Laura Howard, Secretary of Kansas Department for Aging and Disabilities Services and Kansas Department for Children and Families
- Don Jordan, Former Superintendent, Osawatomie State Hospital, Former Secretary, Social and Rehabilitation Services (SRS)
- Representative Brenda Landwehr
- Representative Megan Lynn
- William Warnes, Co-Chair, Medical Director for Behavioral Health, Sunflower Health Plan

Policy and Treatment Working Group (WG2)

- Representative Barbara Ballard
- Andy Brown, Commissioner of Behavioral Health Services, Kansas Department for Aging and Disabilities Services
- Wes Cole, Chairperson, Governor's Behavioral Health Services Planning Council
- Erin George, Person with Lived Experience
- Kellie Hans Reid, Director of Medicaid and Children's Mental Health, Kansas Department for Children and Families
- Gary Henault, Co-Chair, Director of Youth Services, Kansas Department for Aging and Disabilities Services
- Senator Dan Kerschen
- Representative Brenda Landwehr
- Rachel Marsh, Co-Chair, Chief Executive Officer, Children's Alliance of Kansas
- Senator Carolyn McGinn

- Sunee Mickle, Vice President of Government and Community Relations, Blue Cross and Blue Shield of Kansas
- Senator Pat Pettey
- Kandice Sanaie, Director of State Affairs, Cigna
- Rennie Shuler-McKinney, Director of Behavioral Health, AdventHealth Shawnee Mission
- Deborah Stidham, Director of Addiction and Residential Services, Johnson County Mental Health Center
- Lisa Southern, Executive Director and Clinician, Compass Behavioral Health
- Kelsee Torrez, Behavioral Health Consultant, Kansas Department of Health and Environment

System Capacity and Transformation Working Group (WG3)

- Representative Tory Marie Arnberger
- Sandra Berg, Executive Director, United Behavioral Healthcare
- Representative Elizabeth Bishop
- Andy Brown, Commissioner of Behavioral Health Services, Kansas Department for Aging and Disabilities Services
- Andrea Clark, Co-Chair, CIT/Veterans Program Coordinator, Kansas Department for Aging and Disabilities Services
- Denise Cyzman, Chief Executive Officer, Community Care Network of Kansas, formerly known as Kansas Association for the Medically Underserved
- Laura Howard, Secretary of Kansas Department for Aging and Disabilities Services and Kansas Department for Children and Families
- Kyle Kessler, Co-Chair, Executive Director, Association of Community Mental Health Centers of Kansas, Inc.
- Spence Koehn, Court Services Specialist, Office of Judicial Administration
- Representative Brenda Landwehr
- Representative Rui Xu