



The Next Page: A Playbook for Modernizing the Kansas Behavioral Health System

Thursday, February 24, 2022

Virtual Session – 12:00 to 1:00 p.m.



WHO WE ARE

- Nonprofit, nonpartisan educational organization based in Topeka.
- Established in 1995 with a multi-year grant by the Kansas Health Foundation and located directly across from the Statehouse.
- Committed to convening meaningful conversations around tough topics related to health.



KANSAS HEALTH INSTITUTE
Informing Policy. Improving Health.



Kari Bruffett
Vice President for Policy



Hina Shah, M.P.H.
Senior Analyst

2022 Bring It! Health Policy Session:

The Next Page: A Playbook for Modernizing the Kansas Behavioral Health System

“

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.

THE COLLABORATION

**Special Committee on Mental Health
Modernization and Reform**

Roundtable Participants

Legislative Members

Working Groups

COLLABORATION: YEAR 1

**Special Committee on Mental Health
Modernization and Reform**

Roundtable Participants

Legislative Members

Finance &
Sustainability
Working Group

Policy &
Treatment
Working Group

System
Capacity &
Transformation
Working Group

Telehealth Subgroup

COLLABORATION: YEAR 2

Special Committee on Mental Health Modernization and Reform

Roundtable Participants

Legislative Members

Services &
Workforce
Working
Group

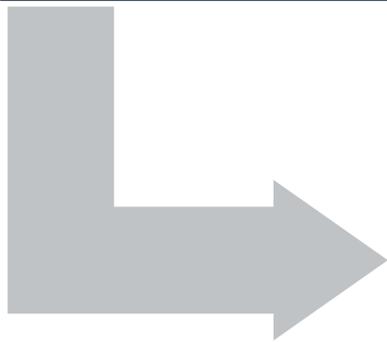
System
Capacity and
Transformation
Working Group

Telehealth
Working Group

SPECIAL COMMITTEE ON MENTAL HEALTH MODERNIZATION AND REFORM

Year 1 (2020)

Establish Strategic
Framework



Year 2 (2021)

Update Strategic
Framework

- Completed Recommendations
- Revisions to 2020 Recommendations
- New Recommendations

Navigating this Report

High Priority Items

Immediate Action are those that the Working Group 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**.

The group also included one **high-priority discussion item** to urge the Special Committee to consider the potential contribution of Medicaid expansion to a modernized behavioral health system.

TOPIC AREAS

Workforce

Funding and Accessibility

- Mental Health Intervention Team

Community Engagement

Prevention and Education

- Trauma-informed care
- Social Isolation
- Stigma

Treatment and Recovery

Special Populations

- Maternal Mental Health

Data Systems

- Outcomes Data

Legal System

- Specialty Courts
- Competency Evaluation and Restoration

System Transformation

Telehealth

- Payment Parity

COMPLETE RECOMMENDATIONS

Workforce

Recommendation	Update from Lead Agency
Recommendation 1.1 Clinical Supervision Hours. 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. (Complete)	BSRB: The Board requested introduction of HB 2208 during the 2021 Legislative Session, which was enacted by the Legislature. HB 2208 lowered the number of clinical supervision hours required for a clinical level license, from 4,000 hours to 3,000 hours, for the professions of Master's Level Psychology, Professional Counseling, Marriage and Family Therapy, and Addiction Counseling. This action brought the number of supervision hours in line with the reduction in supervision hours for the social work profession in 2019. Normally, for licensees accruing supervision hours, a training plan amendment would have been necessary to use the new standard, but to expedite the process, the Board waived the requirement of updates to training plans and has allowed licensees to use the requirement immediately upon enactment of the bill. A letter on HB 2208 was sent to all licensees under the BSRB and a message was posted to the front page of the BSRB website to provide notice of the changes in the bill.

Prevention and Education

Recommendation	Update from Lead Agency
Recommendation 4.3 Centralized Authority. Centralize coordination of behavioral health – including substance use disorder and mental health – policy and provider coordination in a cabinet-level position. (Complete)	Office of the Governor: KDADS Secretary Laura Howard has been designated the centralized authority.

Treatment and Recovery

Recommendation	Update from Lead Agency
<p>Recommendation 5.2 Service Array. 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. (Complete)</p>	<p>KDADS: KDADS has explored options and did expand MAT in Block Grant services.</p>

Special Populations

Recommendation	Update from Lead Agency
<p>Recommendation 6.1 Domestic Violence Survivors. 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. (Complete)</p>	<p>DCF: DCF administers grants for domestic violence services that provide adults who have been victimized by domestic violence and/or sexual abuse with safety planning, mentoring services, healthy relationship training, conflict resolution training, financial literacy training and responsible parenting skills training. The grants are with Catholic Charities, Family Crisis Center, SafeHome, The Willow, and the YWCA. Since January 2021, DCF has had a contract with KCSDV for a two-part virtual training series called Training Strategies and Skills to Address Domestic Violence in Child Welfare. The participants include employees of DCF, the Child Welfare Case Management providers and other partners. Through August 2021, 205 participants have engaged in the series. DCF anticipates approximately 500 child welfare staff and advocates will participate in this learning opportunity in 2022. DCF also has a training and development contract with KCSDV.</p>

Special Populations

Recommendation	Update from Lead Agency
Recommendation 6.3 Crossover Youth. 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. (Complete)	DCF: DCF has a dedicated full-time staff position to coordinate the CYPM and participates on the policy team. Through the FFPSA, the DCF budget includes grants for two Evidenced- based programs in mental health: Functional Family Therapy and Multi Systemic Treatment designed to serve families with older youth. In addition, DCF has two smaller grants for an emerging specialty in in-home Behavior Intervention Services for any child in the custody of the Secretary using Adoption and Legal Guardianship Incentive funds.

COMPLETE, REVISED IN 2021

Recommendation 8.3 Law Enforcement Referrals. 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.

Recommendation 8.4 Defining Crossover Youth Population. 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.

Recommendation 10.3 Telehealth for Crisis Services. 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.

NEW RECOMMENDATIONS

Expand Mental Health Intervention Team Program.

Expand the Mental Health Intervention Team (MHIT) 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 utilizing other mental health providers. **Make the MHIT program permanent in statute and no longer a pilot program and phase-in the reduction of the State-paid portion of the MHIT liaison cost. Clarify the MHIT program is not a mandatory program.**

(Funding and Accessibility Recommendation 2.6; immediate action)

Trauma-Informed Care.

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.

(Prevention and Education Recommendation 4.5; Immediate Action)

Promote Social Isolation as a Public Health Issue.

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.

(Prevention and Education Recommendation 4.6; Strategic Importance)

Normalize Behavioral Health Discussions.

In lieu of discussing stigma, build on recent success stories (e.g., 988 lifeline, mobile crisis, certified community behavioral health clinics) 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.

(Prevention and Education Recommendation 4.7; Immediate Action)

Medicaid Postpartum Coverage.

Request Robert G. 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.

(Special Populations Recommendation 6.6; Immediate Action)

Outcomes Data.

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.

(Data Systems Recommendation 7.6; Strategic Importance)

Regional Specialty Courts/Venue Transfer.

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

[*Note:* The Committee requested a letter be sent to the Specialty Courts Committee of the Judicial Branch requesting it explore the funding that may be available, from multiple sources, to fund the creation of regional specialty courts.]

(Interactions with Legal System and Law Enforcement Recommendation 8.5; Strategic Importance)

Topic Areas

Specialty Court Coordinators.

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

(Interactions with Legal System and Law Enforcement Recommendation 8.6; Immediate Action)

Competency Evaluations and Restoration.

~~Provide funding~~ **Recommend KDADS look into a pilot** for community mental health centers to conduct mobile competency evaluation and competency restoration **and report to the 2022 Legislature.**

(Interactions with Legal System and Law Enforcement Recommendation 8.7; Immediate Action)

Telemedicine Committee.

The Legislative Coordinating Council shall establish a Special Committee on Telemedicine Modernization structured in the same manner as the 2021 Special Committee on Kansas Mental Health Modernization and Reform (MHMR), which includes judiciary ad hoc members. The Committee stresses the need to continue the work of the Special Committee on MHMR on the topic of telemedicine.

(Telehealth Recommendation 10.6; Strategic Importance)

Topic Areas

REVISED RECOMMENDATIONS

Access to Psychiatry Services.

Request a Legislative Post Audit to review Kansas behavioral health recipients of National Health Service Corps (NHSC) and State Loan Repayment Program (SLRP) 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, and whether the psychiatrists who participated in the program and remained in Kansas were originally Kansas residents or came to Kansas from other states; 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; and look at the University of Kansas program that incentivizes medical students to end up practicing in Kansas to see if it is effective. If the audit request is not approved, request the legislative budget committees include a provision in the budget requiring KDHE to do the study with assistance from an educational institution.

(Revision of 2020 Workforce Recommendation 1.2; Immediate Action)

Topic Areas

Workforce Investment Plan.

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 in ~~Kansas~~ 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 bachelor's 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-level practitioner role; and
- Take action to increase workforce diversity, including diversity related to race/ethnicity, LGBTQ+ and the ability to work with those with limited English proficiency.

(Revision of 2020 Workforce Recommendation 1.4; Strategic Importance)

Topic Areas

Addressing Inpatient Capacity by Implementing a Regional Model

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. Explore the need for State-certified beds in southcentral Kansas. Ongoing analysis should be conducted to identify geographic areas of need and gaps in levels of care.

(Merger of 2020 Funding and Accessibility Recommendation 2.2 and System Transformation Recommendation 9.1; Immediate Action)

Topic Areas

Reimbursement Rate and Review

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.

(Revision of 2020 Funding and Accessibility Recommendation 2.3; Immediate Action)

Support Kansas Suicide Prevention Plan

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 look into potential grant funding; 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.

Topic Areas

(Revision of 2020 Funding and Accessibility Recommendation 2.4; Immediate Action)

Foster Homes

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.

(Revision of 2020 Community Engagement Recommendation 3.3; Strategic Importance)

Community-Based Liaison

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.

(Revision of 2020 Community Engagement Recommendation 3.4; Strategic Importance)

988 Suicide Prevention Lifeline Funding

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.

(Revision of 2020 Prevention and Education Recommendation 4.1; Immediate Action)

Behavioral Health Prevention.

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

*(Revision of 2020 Prevention and Education Recommendation 4.4;
Strategic Importance)*

Frontline Capacity

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).

(Revision of 2020 Treatment and Recovery Recommendation 5.3; Immediate Action)

Topic Areas

Correctional Employees

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.

(Revision of 2020 Interactions with Legal System and Law Enforcement Recommendation 8.1; Immediate Action)

Law Enforcement Referrals

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.

(Revision to 2020 Interactions with Legal System and Law Enforcement Recommendation 8.3; Immediate Action)

Defining Crossover Youth Population

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.

(Revision to 2020 Interactions with Legal Systems and Law Enforcement Recommendation 8.4; Strategic Importance)

Integration

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.

(Revision to 2020 System Transformation Recommendation 9.3; Immediate Action)

Family Psychotherapy

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. [*Note:* The Robert G. (Bob) Bethell Joint Committee on Home and Community Based Services and Kan Care Oversight included as a recommendation in its report to the 2022 Legislature that the State submit a State Plan Amendment to add '90846' as a billable Medicaid code that would allow billing for therapy without the patient participating and it requested a cost estimate from the KDHE.]

(Revision to 2020 System Transformation Recommendation 9.5; Strategic Importance)

Telehealth

A modernized behavioral health system will deliver technologically current telehealth services, with the Kansas Telemedicine Act as a foundation, as a strategy to provide meaningful access to care across rural, frontier and urban areas and regardless of socioeconomic status. 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. (*Vision Statement*)

Topic Areas

Telehealth Quality Assurance

Develop quality assurance standards to ensure high-quality telehealth services are provided, including:

- Establishing consistent guidelines and measures for telehealth in collaboration with licensing and regulatory agencies.
- Allowing telehealth supervision hours to be consistently counted toward licensure requirements.
- Allowing services to be provided flexibly utilizing the Kansas Telemedicine Act.
- Improving provider and patient education around telehealth literacy in relation to privacy, efficacy, access and cybersecurity practices.

(Revision to 2020 Telehealth Recommendation 10.1; Immediate Action)

Telehealth Reimbursement Codes

As CMS rules allow, maintain Medicaid reimbursement codes added during the public health emergency for telehealth services and consider options to prevent loss of facility fees so that providers are not losing revenue by delivering telehealth services.

(Revision to 2020 Telehealth Recommendation 10.2; Immediate Action)

Telehealth for Crisis Services

Continue 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. Engage professional associations statewide to adopt appropriate education for providers, practitioners and law enforcement officers on using telehealth for crisis services.

(Revision to 2020 Telehealth Recommendation 10.3; Immediate Action)

Telehealth Originating and Distant Sites

The following item should be addressed to ensure that individuals receive

— and providers offer — telehealth in the most appropriate locations:

- Examine issues related to providers practicing, and patients receiving, services across state lines, such as by exploring participation in interstate licensure compacts.

(Some 2020 language removed)

(Revision to 2020 Telehealth Recommendation 10.4; Strategic Importance)

Child Welfare System and Telehealth

Utilize telehealth to maintain service and provider continuity as children, particularly foster children, move around the state. [Explore](#) how the unique needs of parents of children in the child welfare system can be met via telehealth.

(Revision to 2020 Telehealth Recommendation 10.5; Strategic Importance)

Topic Areas

2022 UPDATE

- Sub for HB 2281: 988 Suicide Prevention Lifeline
- Budget provisions (e.g., rate increases, mobile competency evaluation and restoration, MHIT)
- Certified Community Behavioral Health Clinics
- 2022 Judiciary summit (April 13-14)

BREAKOUT ROOMS

- Of the topics you've heard about today, what is the issue that needs to be addressed immediately?
- What strategic changes need to be made to the system to modernize?
- What's been missing from this work so far?



KANSAS
HEALTH
INSTITUTE

Informing Policy. Improving Health.

THANK YOU

Any questions?

You can connect with us at:

hshah@khi.org and **kbruffett@khi.org**

 212 SW 8th Avenue | Suite 300
Topeka, Kansas | 66603-3936

 785.233.5443

 khi.org

 /KHIorg

 @KHIorg



KANSAS HEALTH INSTITUTE

Informing Policy. Improving Health.

CONNECT WITH US!



khi.org



/KHIorg



@KHIorg
