

Appendix A. Summary of All Recommendations from 2020 and 2021, As Revised

Figure A-1. Working Group High-Priority Recommendations by Topic

WORKFORCE
Immediate Action
<p>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)</p>
<p><u>Recommendation 1.2 Access to Psychiatry Services.</u> 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; 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. (Revised)</p>
<p>Recommendation 1.3 Provider MAT Training. Increase capacity and access to medication-assisted treatment (MAT) in Kansas through provider training on MAT. (In progress)</p>
Strategic Importance
<p><u>Recommendation 1.4 Workforce Investment Plan.</u> 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"> • The state should establish a Kansas university 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.

(Revised)

Recommendation 1.5 Family Engagement Practices. 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. **(In progress)**

FUNDING AND ACCESSIBILITY

Immediate Action

Recommendation 2.1 Certified Community Behavioral Health Clinic Model. 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. **(In progress)**

Recommendation 2.2 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. Ongoing analysis should be conducted to identify geographic areas of need and gaps in levels of care. **(Revised)**

Recommendation 2.3 Reimbursement Rate Increase 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. **(Revised)**

Recommendation 2.4 Suicide Prevention. 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 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. **(Revised)**

Recommendation 2.5 Problem Gambling and Other Addictions Fund. 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. **(In progress)**

Recommendation 2.6 Expand Mental Health Intervention Team Program. 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 utilizing other mental health resources. **(New)**

High-Priority Discussion

Medicaid Expansion. In addition to these recommendations for immediate action and of strategic importance, the 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 reads, “Recommend a full expansion of Medicaid in order to increase access to health care for uninsured, low-income Kansans.”

More information is available in the Funding and Accessibility section, and can be accessed by selecting the link above.

COMMUNITY ENGAGEMENT

Immediate Action

Recommendation 3.1: Crisis Intervention Centers. Utilize state funds to support the expansion of crisis centers around the state. **(In progress)**

Recommendation 3.2 IPS Community Engagement. 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. **(In progress)**

Strategic Importance

Recommendation 3.3 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.

(Revised)

Recommendation 3.4 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 SUD and co-occurring conditions.

(Revised)

PREVENTION AND EDUCATION

Immediate Action

Recommendation 4.1 988 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. ***(Revised)***

Recommendation 4.2 Early Intervention. Increase access to early childhood mental health services by including additional language in the Medicaid state plan to explicitly cover early childhood mental health screening, assessment, and treatment. ***(In progress)***

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)***

Recommendation 4.5 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. ***(New)***

Recommendation 4.7 Normalize Behavioral Health Discussions. In lieu of discussing stigma, build on recent success stories (e.g., 988 lifeline, mobile crisis, CCBHC) 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. **(New)**

Strategic Importance

Recommendation 4.4 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. **(Revised)**

Recommendation 4.6 Promoting 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. **(New)**

TREATMENT AND RECOVERY

Immediate Action

Recommendation 5.1 Psychiatric Residential Treatment Facilities. 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. **(In progress)**

Recommendation 5.3 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). **(Revised)**

Strategic Importance

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)**

Recommendation 5.4 Housing. Expand and advance the SSI/SSDI Outreach, Access, and Recovery (SOAR) program (including additional training regarding youth benefits) and the Supported Housing program. *(In progress)*

SPECIAL POPULATIONS

Immediate Action

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)*

Recommendation 6.2 Parent Peer Support. 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. *(In progress)*

Recommendation 6.6 Medicaid Postpartum Coverage. Request Robert G. (Bob) 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. *(New)*

Strategic Importance

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)*

Recommendation 6.4 I/DD Waiver Expansion. Fully fund the I/DD waiver and expand I/DD waiver services. Increase reimbursement rates for I/DD services to support workforce expansion. *(In progress)*

Recommendation 6.5 Family Treatment Centers. Increase the number and capacity of designated family SUD treatment centers as well as outpatient treatment programs across the state. *(In progress)*

DATA SYSTEMS

Immediate Action

Recommendation 7.1 State Hospital EHR. 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. *(In progress)*

Recommendation 7.2 Data and Survey Informed Opt-Out. 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. *(In progress)*

Recommendation 7.3 Information Sharing. 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. *(In progress)*

Recommendation 7.4 Needs Assessment. 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. *(In progress)*

Strategic Importance

Recommendation 7.5 Cross-Agency Data. 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. *(In progress)*

[Recommendation 7.6 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. *(New)*

LEGAL SYSTEM AND LAW ENFORCEMENT

Immediate Action

[Recommendation 8.1 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. *(Revised)*

Recommendation 8.2 Criminal Justice Reform Commission Recommendations. 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. *(In progress)*

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. ***(Previous version complete, now revised)***

Recommendation 8.6 Specialty Court Coordinators: Provide funding for judicial districts that meet qualifying criteria to hire specialty court coordinators. ***(New)***

Recommendation 8.7 Competency Evaluation and Restoration: Provide funding for community mental health centers to conduct mobile competency evaluation and competency restoration. ***(New)***

Strategic Importance

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. ***(Previous version complete, now revised)***

Recommendation 8.5 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. ***(New)***

SYSTEM TRANSFORMATION

Immediate Action

Recommendation 9.1 Regional Model. *(See revised Recommendation 2.2)*

Recommendation 9.2 Long-Term Care Access and Reform. 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. ***(In progress)***

Recommendation 9.3 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. ***(Revised)***

Strategic Importance

Recommendation 9.4 Evidence Based Practices. 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. *(In progress)*

Recommendation 9.5 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. *(Revised)*

TELEHEALTH

Immediate Action

Recommendation 10.1 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.

(Revised)

Recommendation 10.2 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. *(In progress, now revised)*

Recommendation 10.3 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. *(Complete, now revised)*

Strategic Importance

Recommendation 10.4 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.
(Revised)

Recommendation 10.5 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. **(Revised)**

Recommendation 10.6 Telemedicine Committee. The Legislative Coordinating Council shall establish a Special Committee on Telemedicine Modernization. **(New)**