

Report of the Special Committee on Kansas Mental Health Modernization and Reform to the 2022 Kansas Legislature

CHAIRPERSON: Representative Brenda Landwehr

VICE-CHAIRPERSON: Senator Carolyn McGinn

OTHER MEMBERS: Senators Larry Alley, Renee Erickson, Michael Fagg, and Tom Hawk; and Representatives Tory Marie Arnberger, Barbara Ballard, Will Carpenter, Linda Featherston (substitute, September), Megan Lynn, Cindy Neighbor, Susan Ruiz (substitute, December), Adam Smith, and Rui Xu

STUDY TOPIC

The 2021 Special Committee is established with the continuing directives of the 2020 Special Committee to:

- Analyze the state’s behavioral health system to ensure that both inpatient and outpatient services are accessible in communities, review the capacity of the current behavioral health workforce, and study the availability and capacity of crisis centers and substance abuse facilities;
- Assess the impact of recent changes to state policies on the treatment of individuals with behavioral health needs; and
- Make recommendations on steps needed to make Kansas a nationwide leader on behavioral health delivery, specifically focusing on how Kansas should modernize its behavioral health delivery system.

Continuing its 2020 direction, the Committee will solicit input from the following:

- A Judicial Branch Court Services Officer recommended by the Chief Justice of the Supreme Court of Kansas;
- A Judicial Branch Judge or Judges recommended by the Chief Justice of the Supreme Court of Kansas;
- A representative recommended by the Commissioner of Education;
- A Kansas Department of Health and Environment cabinet official recommended by the Governor;
- One sheriff and one chief of police recommended by the Attorney General;
- A Children’s Alliance of Kansas representative;
- A Kansas Association of Addiction Professionals drug and alcohol addiction treatment provider;
- An Association of Community and Mental Health Centers of Kansas representative with clinical or medical expertise;
- A Kansas Hospital Association representative with clinical or medical expertise;
- A person with lived experience with mental illness or who has provided assistance to an individual living with a mental illness, recommended by the Speaker of the House of Representatives;
- The parent of a child with a mental illness recommended by the President of the Senate;
- A former or current superintendent of a Kansas state mental health hospital;
- A current executive director of a community mental health center recommended by the Association of Community Mental Health Centers of Kansas;
- A health insurance company representative recommended by the Commissioner of Insurance;
- A Kansas County and District Attorneys Association representative;
- A Kansas Health Information Network representative;
- The Medicaid Director for the State of Kansas; and
- The Chairperson of the Governor’s Behavioral Health Services Planning Council.

Special Committee on Kansas Mental Health Modernization and Reform

REPORT

Conclusions and Recommendations

The 2021 Special Committee on Kansas Mental Health Modernization and Reform responded to its charge and continued the work of the 2020 Special Committee on Kansas Mental Health Modernization and Reform, meeting at both the committee level and with its members participating in a charter relationship with three working groups and facilitation support. The Committee submits its own comments and recommendations and includes the report of the working groups, as ratified by the Committee, for consideration by the 2022 Legislature.

Opportunities for Coordination and Collaboration

The Committee recognizes the important recent and ongoing work of commissions, committees, and councils, focused on issues, ideas, and improvements that impact the behavioral health system, its access to services and workforce, its capacity, and its delivery through telehealth. The Committee acknowledges the connections and opportunities to collaborate on common goals and interests associated with the interim work of the 2020 Kansas Criminal Justice Reform Commission (KCJRC), the Governor’s Behavioral Health Services Planning Council (GBHSPC) Subcommittees, the Governor’s Commission on Racial Equity and Justice, the 2020 Special Committee on Foster Care Oversight, and the 2020 Robert G. (Bob) Bethell Joint Committee on Home and Community Based Services and KanCare Oversight (Bethell Joint Committee). The Committee highlights two areas where coordination and meaningful collaboration occur: in specialty courts (with the KCJRC) and integrated care (with the Bethell Joint Committee).

- The Committee submits for the record the crosswalk of recommendations serving as a foundation for the review of its three working groups that detailed the relevant recommendations and study considerations submitted by the KCJRC (2020 report), the GBHSPC Subcommittees (2021 draft recommendations), the Governor’s Commission on Racial Equity and Justice (December 2020 initial report), the Special Committee on Foster Care Oversight (2020 report), and the Bethell Joint Committee (2020 report) (Appendix pages 7–17).
- The Committee submits for the record the checklist on the status of the 2020 Special Committee on Kansas Mental Health Modernization and Reform recommendations with status update responses from the following designated lead agencies and key collaborators: the Behavioral Sciences Regulatory Board, the Kansas Department for Aging and Disability Services (KDADS), the Kansas Department for Children and Families, the Kansas Department of Corrections, the Kansas Department of Health and Environment, the Kansas State Department of Education, and the Office of the Governor (through a representative of KDADS). The checklist served as a tracking tool for the Committee and working groups on recommendations completed and in progress, as designated by lead agencies and key collaborators, while also providing a basis for analysis of the factors that enabled successful completion of certain recommendations and the barriers to completion for others (Appendix pages 18–36).

Distribution of Committee Report

Given the breadth and complexity of the topics associated with behavioral health and transformation of the system — its service capacity and workforce, the policy and treatment options and outcomes for individuals with behavioral health needs, the use of telehealth for behavioral health services, the sustainability and finance for the delivery of behavioral health services and resources (including the impending transfer to the 988 Suicide Prevention Hotline and the creation of certified community behavioral health clinics) — the Committee requests its complete report be transmitted to the following standing and joint committees of the Kansas Legislature: the Bethell Joint Committee, the House Committee on Children and Seniors, the House Committee on Corrections and Juvenile Justice, the House Committee on Health and Human Services, the House Committee on K-12 Education Budget, the House Committee on Social Services Budget, the Senate Committee on Judiciary, the Senate Committee on Public Health and Welfare, and the Senate Committee on Ways and Means (agency subcommittees).

Strategic Framework for Modernizing the Kansas Behavioral Health System: 2021 High Priority Update (Appendix pages 41–108)

At its December 15, 2021, meeting, the Committee ratified the Strategic Framework for Modernizing the Kansas Behavioral Health System: 2021 High-Priority Update (Strategic Framework Update) document, as amended by the Committee, that was created by the three authorized working groups and facilitated by the Kansas Health Institute. The Strategic Framework Update contains 10 new high-priority recommendations and 20 revised high-priority recommendations of the 2020 Special Committee on Kansas Mental Health Modernization and Reform over a variety of behavioral health topics, categorized for immediate action and strategic importance. [Note: “Immediate action” refers to those recommendations that the working groups believe can be completed in the next two years. “Strategic importance” refers to those recommendations that should be initiated in the near term but will be completed in the longer term.] Additionally, one separate topic was separately identified as a high-priority item for Committee discussion.

The new and revised recommendations were organized by assigned topics, with new recommendations addressed first and revised recommendations following in numerical order.

Proposed Legislation: None.

BACKGROUND

The 2021 Special Committee on Kansas Mental Health Modernization and Reform (Committee) was created by the Legislative Coordinating Council (LCC) to continue the work and directives of the 2020 Special Committee on Kansas Mental Health Modernization and Reform (2020 Committee) to study the state’s behavioral health system and focus on how Kansas can modernize its behavioral health system. [Note: All occurrences of the term “Committee” will pertain to the 2021 Special Committee. All references to

the 2020 Special Committee will be identified as “2020 Committee.”]

The LCC directed the Committee to:

- Analyze the state’s behavioral health system to ensure that both inpatient and outpatient services are accessible in communities;
- Review the capacity of the current behavioral health workforce;

- Study the availability and capacity of crisis centers and substance abuse facilities;
- Assess the impact of recent changes to state policies on the treatment of individuals with behavioral health needs; and
- Make recommendations on steps needed to make Kansas a nationwide leader on behavioral health delivery, specifically focusing on how Kansas should modernize its behavioral health delivery system.

In addition to the appointed legislative members, the LCC established the following roundtable members and appointing authorities from whom the Committee is to solicit information. The roundtable members and appointing authorities represented the same entities or demographic groups as for the 2020 Committee, with one addition, as noted:

- A Judicial Branch Court Services Officer recommended by the Chief Justice of the Supreme Court of Kansas;
- A Judicial Branch Judge or Judges recommended by the Chief Justice of the Supreme Court of Kansas (added in 2021);
- A representative recommended by the Commissioner of Education;
- A Kansas Department of Health and Environment cabinet official recommended by the Governor;
- One sheriff and one chief of police recommended by the Attorney General;
- A Children’s Alliance of Kansas representative;
- A Kansas Association of Addiction Professionals drug and alcohol addiction treatment provider;
- An Association of Community Mental Health Centers of Kansas representative with clinical or medical expertise;
- A Kansas Hospital Association representative with clinical or medical expertise;
- A person with lived experience with mental illness or who has provided assistance to an individual living with a mental illness, who is recommended by the Speaker of the House of Representatives;
- A parent of a child with a mental illness who is recommended by the President of the Senate;
- A former or current superintendent of a Kansas state mental health hospital;
- A current executive director of a community mental health center recommended by the Association of Community Mental Health Centers of Kansas;
- A health insurance company representative recommended by the Commissioner of Insurance;
- A Kansas County and District Attorneys Association representative;
- A Kansas Health Information Network representative;
- The Medicaid Director for the State of Kansas; and
- The Chairperson of the Governor’s Behavioral Health Services Planning Council.

A list of the appointed roundtable members can be found on Appendix pages 101–102.

In light of the contributions of the experts to the 2020 working groups in assisting with advancing the 2020 Committee’s directives, it was determined working groups would be necessary to accomplish the continuing directives of the Committee. The Kansas Health Institute (KHI) agreed to continue facilitation of the working groups for the 2021 Interim. Three working groups were created to assist the work of the Committee. The topics addressed by the three working groups were a reorganization of the topics addressed by the 2020 working groups and subgroups. The 2021 working groups were Services and Workforce, System Capacity and Transformation, and Telehealth.

STRUCTURE AND ORGANIZATION

Crosswalk. The Kansas Legislative Research Department (KLRD) provided an updated crosswalk of behavioral health recommendations from five groups, task forces, and committees: the 2020 Kansas Criminal Justice Reform Commission, the Governor’s Behavioral Health Services Planning Council Subcommittees, the Governor’s Commission on Racial Equity and Justice, the 2020 Special Committee on Foster Care Oversight, and the 2020 Robert G. (Bob) Bethell Joint Committee on Home and Community Based Services and KanCare Oversight (Bethell Joint Committee). Recommendations were separated into ten topic areas, with three topic areas assigned to each working group and one topic area assigned to the Telehealth Subgroup (Appendix pages 76–82).

The crosswalk provided an update for the Committee and working groups on recommendations made by various entities since the 2020 Committee recommendations. The crosswalk was used to aid discussion for updating, amending, or creating new recommendations based on actions taken to prioritize strategies and implement the recommendations.

Recommendation status spreadsheet. KLRD provided a spreadsheet to track the status of the recommendations made by the 2020 Committee and identified each recommendation as completed or in progress based on lead agency and key collaborator responses. The following agencies reported to the Committee on the status of the

2020 recommendations: the Behavioral Sciences Regulatory Board (BSRB), the Kansas Department for Aging and Disability Services (KDADS), the Kansas Department for Children and Families (DCF), the Kansas Department of Corrections (KDOC), the Kansas Department of Health and Environment (KDHE), the Kansas State Department of Education (KSDE), and the Office of the Governor (through a representative of KDADS). Legislative action taken that impacted any recommendation was noted by KLRD.

Working Group Scope of Work

At the September 28, 2021, meeting, the Committee approved the Scope of Work (Scope), as developed by KHI in consultation with KLRD and the Office of the Revisor of Statutes (Appendix pages 37–40). The Scope included the establishment of three working groups, which were created to “revisit recommendations from the 2020 Interim; revise and update them as necessary; add new recommendations related to topics directed to them by the Special Committee; identify up to five existing, revised, or new recommendations for ‘immediate action,’ and up to five as being of ‘strategic importance,’ using criteria in the roundtable discussion; and ratify reports.”

Pursuant to the Scope, the Committee was to determine what information from the working groups is to be included in the final product (2021 Committee Report) and provide leadership to the working groups through the identification of key performance indicators to be included in the final product and input on any criteria that should inform the priorities put forward by the working groups. The Scope outlined the operational process for the working groups and the membership roles of the working groups. All membership in the working groups was voluntary.

Working Group Organization

As the Committee began its planning and organization for meetings to continue the work started by the 2020 Committee, legislators again requested KHI assist with Committee discussion and recommendations and facilitate working groups made up of relevant stakeholders and subject matter experts. These working groups reviewed the 2020 recommendations and new

areas of focus for consideration and emphasis in 2021 and prior recommendations from the groups listed in the KLRD crosswalk.

The primary areas of focus for each of the working groups were:

- **Services and Workforce:** The focus of this group was the availability of services, with specific consideration of special populations and the need to address workforce issues. Heightened focus was placed on issues related to maternal mental health, rural populations, veterans, people of color, older adults, low-income families, and health care workers. The ongoing topic areas were workforce, prevention and education, treatment and recovery, special populations, and community engagement. The new topic areas were trauma-informed care, social isolation, stigma, and the Home and Community Based Services (HCBS) autism services waiver. The group also further reviewed the 2020 Recommendation 2.4 Suicide Prevention.
- **System Capacity and Transformation:** This group considered what the behavioral health system could look like in the future. The ongoing topic areas addressed were funding and accessibility, data systems, system transformation, and the legal system and law enforcement. The new topic areas were outcomes data, special courts, competency evaluation and restoration, and K-12 mental health intervention teams, and behavioral health services in schools. The group also further reviewed the 2020 Recommendation 4.1 988 Suicide Prevention Lifeline Funding.
- **Telehealth:** The focus of this group was a new topic of issues related to payment parity, including those for behavioral health services delivered via telehealth.

KHI facilitated all working group meetings via Webex. The working groups met once or twice during the months of October and November and twice each during the month of December. The working group members completed surveys

between meetings to assist in the development and prioritization of recommendations. Presentations during Committee meetings provided information and ideas that assisted with the development of new and revised recommendations, including presentations on specialty courts, trauma-informed care, suicide prevention, outcomes and funding of K-12 behavioral health services, the behavioral health workforce, mobile crisis response, and telehealth. Updates on the work of the Autism Task Team and the Governor's Commission on Racial Equity and Justice also helped inform recommendations and other language in the working group reports.

Working group members consisted of Committee members, roundtable members, and other relevant subject matter experts who were requested to provide input on individual topics. The working groups selected chairpersons and vice-chairpersons and designated reporters to discuss their work at Committee meetings. A list of working group members can be found on Appendix pages 102–106.

The working groups reviewed previous recommendations by the Governor's Behavioral Health Services Planning Council (GBHSPC) Subcommittees, the Kansas Criminal Justice Reform Commission, the Governor's Commission on Racial Equity and Justice, the Special Committee on Foster Care Oversight, and the Bethell Joint Committee, utilizing the KLRD crosswalk as a reference. KHI staff assisted working group members with reviewing and determining whether these recommendations and those of the 2020 Committee should be altered, amended, or removed from consideration.

Working group members also proposed new recommendations based on relevant discussion and areas of need that were missing in the 2020 working group report. The working groups then prioritized each new recommendation based on ease of implementation and potential for high impact, and reviewed 2020 Committee recommendations for any necessary changes. Based on these measurements, the working groups revised the 2020 recommendations and finalized new recommendations by designating recommendations either for immediate action, those that the working groups believe could be completed in the next two years, or for strategic

importance, those that should be initiated in the near term but will be completed in the long term. All recommendations were based on a consensus-based system.

The Recommendations Rubric from 2020 was adopted for use again in 2021 to guide discussion, to ensure consistency across working groups and reports, and as a tool to assist in ranking and modifying existing recommendations or in writing new recommendations. Working groups used the rubric to assign numeric values to recommendations based on a 1-10 scale for both ease of implementation and potential for high impact (Appendix pages 97–98).

The final working group reports also include rationale for the new and revised recommendations based on working group discussion. Additionally, each revised and new recommendation includes the scoring by the working groups based on ease of implementation and potential for high impact. Metrics for measuring impact of the recommendation, action leads, and key collaborators are listed for each revised and new recommendation.

Working group meetings are archived on the Legislature’s YouTube channel (<https://www.youtube.com/c/KSLegislatureLIVE/videos>) and the Legislature’s Harmony platform (<http://sg001-harmony.sliq.net/00287/Harmony/en/>).

Strategic Framework for Modernizing the Kansas Behavioral Health System (Appendix pages 41–108)

KHI facilitated the creation of the Strategic Framework for Modernizing the Kansas Behavioral Health System: 2021 High-Priority Update (Strategic Framework), the final work product developed by the working groups.

Based on the overall work of all three working groups, KHI compiled a draft report that each working group was able to review and make additions or edits to in the December working group meetings.

At the December 15, 2021, Committee meeting, KHI staff and working group co-chairpersons and members presented the Strategic

Framework to the Committee. The Committee reviewed the Strategic Framework and recommended additional edits after discussion. At the December 15, 2021, Committee meeting, edits were formalized, and the Strategic Framework was approved, as amended, by the Committee, and staff was directed to attach the Strategic Framework to the Committee report. A copy of the edits that were made and approved by the Committee can be found in Appendix pages 55–82.

Definitions. The Strategic Framework retained the definition of “behavioral health system” from the federal Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, that was adopted by the 2020 working groups: the term 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 (SUD); and the support of persons with lived experience in recovery from these conditions, along with their families and communities. See Appendix pages 3–6 for more definitions and an acronym key of common terms in the behavioral health field and in the KLRD crosswalk.

COMMITTEE ACTIVITIES

The LCC approved six meeting days for the Committee. The Committee met on September 28, October 28, November 17, and December 15, 2021. The Committee members met in-person with the option for Webex attendance.

September 28, 2021, Meeting

Overview of 2020 Special Committee Activities; Recommendations Spreadsheet and Crosswalk; Mental Health Funding

KLRD staff provided several documents for the Committee. The first, a memorandum titled “Overview of the 2020 Special Committee on Kansas Mental Health Modernization and Reform,” provided detailed information about the 2020 Committee, including the charge of the 2020 Committee, 2020 Committee structure and working groups, topics of the working groups, and a review of reports.

The second document provided was a spreadsheet with the status of the recommendations of the 2020 Committee, including responses from the lead agency for each (Appendix pages 18–36). Agencies were identified as a lead or key collaborators. Representatives from each lead agency discussed the status of the recommendations later during the meeting.

KLRD staff also provided a crosswalk of recommendations from several groups, including the Kansas Criminal Justice Reform Commission, GBHSPC subcommittees, the Governor’s Commission on Racial Equity and Justice, the Special Committee on Foster Care Oversight, and the Bethell Joint Committee (Appendix pages 7–17).

Additional documents provided by KLRD staff included a glossary of common acronyms used in mental health discussions (Appendix pages 3–6), a memorandum with behavioral health-related recommendations from various committees and groups, and a memorandum summarizing behavioral health-related legislation passed in the 2021 Legislative Session.

A KLRD staff member reviewed a chart detailing the history of mental health funding from FY 2010 through FY 2022. The chart included funding for the community mental health centers (CMHCs), private Medicaid practitioners, mental health grants (not CMHC specific), residential treatment for psychiatric residential treatment facilities (PRTFs), nursing facilities for mental health (NFMHs), state mental health hospitals, and other mental health funding. The staff member noted there is also mental health funding for KDOC and KSDE.

GBHSPC Draft Subcommittee Reports

Draft reports from the following GBHSPC subcommittees were provided to the Committee: Service Members, Veterans, and Their Families Subcommittee; Children’s Subcommittee; Evidence-Based Practices Subcommittee; Subcommittee on Housing and Homelessness; Justice Involved Youth and Adults Subcommittee; Kansas Citizens’ Committee on Alcohol and Other Drug Abuse; Prevention Subcommittee; Problem Gambling Subcommittee; and Rural and Frontier Subcommittee.

Audit Report on Evaluating Mental Health and Substance Abuse

A Performance Audit Manager from the Legislative Division of Post Audit presented the post audit report “Evaluating Mental Health and Substance Abuse Initiatives to Improve Outcomes” from August 2021. The audit asked two questions: what practices do state-funded mental health and substance abuse providers use and how well do they appear to be working; and how do the programs compare to those used in other states.

The Performance Audit Manager stated outcome data is not generally collected or is not sufficiently complete to draw conclusions about the success of the practices.

Status of 2020 Special Committee Recommendations

A representative from each of the lead agencies identified as responsible for implementing each recommendation made by the 2020 Committee addressed the Committee on the status of the recommendations, indicating whether the recommendations were completed or in progress. The agencies presenting on the status of the recommendations were KDADS, KDHE, DCF, BSRB, KDOC, and KSDE. A KDADS representative also presented on Recommendation 4.3 Centralized Authority for which the Office of the Governor was the lead agency.

Presentation of the Working Group Process

KHI staff discussed how the working group process was implemented for the 2020 Committee. The KHI representative noted eight recommendations from the previous year’s report had been completed. She noted part of the work during the 2021 Interim would include a review of those recommendations to determine what enabled some to be completed in a short period of time and the barriers to completing other recommendations.

The KHI representative outlined KHI’s role in facilitating the three working groups: Services and Workforce, System Capacity and Transformation, and Telehealth, which would study payment parity. Payment parity would require telehealth services to be reimbursed at the same rate as in-person services.

During discussion, the following additional topics were requested by Committee members to be considered through the working group process: the lack of outcomes reporting; veterans' behavioral health needs; the increase in suicide in rural communities; the high rate of suicide among people of color and the role poverty plays; social isolation and stigma; special populations, such as seniors, dealing with isolation and depression; maternal mental health needs post-partum; specialty courts; 988 hotline funding in other states; and workforce issues.

Roundtable Discussion

The KHI representative discussed the deliverables of the working groups, including reviewing the 2020 report to revise and update topics as directed by the Committee. The KHI representative discussed the manner, frequency, and length of the working group meetings to occur through early December 2021. She also reviewed the 2020 rubric that was used to evaluate the recommendations (Appendix pages 97–98). Another KHI representative stated additional criteria would be added to determine the measurement of each recommendation's success and emphasized the use of data for the recommendations.

The Chairperson instructed any legislators on the Committee and roundtable members to communicate their choice of working group to KLRD or KHI staff no later than October 1, 2021. The Chairperson noted participation in the working groups was voluntary, and legislators would not receive compensation.

The Committee approved a formal request for KHI to serve as the facilitator for the three working groups for the 2021 Interim.

October 28, 2021, Meeting

Review of Information Provided by KLRD to the 2021 Committee

KLRD staff provided the following documents for the Committee to review: a KLRD Overview of the Psychology Interjurisdictional Compact (PSYPACT); KLRD Informal State Survey of 988 Suicide Prevention Hotline Legislation; KLRD memoranda on Oklahoma and Missouri Certified Community Behavioral Health Clinics (CCBHCs),

Office of the Attorney General's Youth Suicide Prevention Program and Funding, and the Kansas Telemedicine Act, Rural Emergency Hospital Act, and Telehealth Legislation; KDHE Kansas Suicide Data; and three working group documents.

A KLRD staff member provided an update of the Behavioral Health Funding document provided at the September 28, 2021, Committee meeting.

K-12 Behavioral Health Programs, Outcomes, and Funding

Representative Kristey Williams provided testimony on the effects of shame as it relates to increased anxiety and depression in students. She stated studies have shown shame is linked to depression. She noted the scenario can be extended to include the teaching of Critical Race Theory (CRT) and provided an explanation of CRT and examples of incidents that had occurred in schools. Representative Williams noted teaching CRT in schools could have an impact on youth suicide rates, which must be considered.

KSDE representatives provided a review of the Mental Health Intervention Team (MHIT) Pilot program, which allows CMHCs to provide behavioral health services for students and their families in the school setting. The program began in the 2018-2019 school year in 9 pilot school districts and their partner CMHCs, and 55 were participating in the 2021-2022 school year. One KSDE representative noted the inability to find a qualified liaison is an obstacle for school districts considering the program. The representative mentioned the use of grants from federal Elementary and Secondary School Emergency Relief (ESSER) funds for mental health services in school to fund the MHIT program will expire in September 2024, creating a question of how to sustain these services after that point.

Another KSDE representative provided a summary of the legislative history of the MHIT Pilot program, a history of its funding since FY 2019, and a series of charts and tables for the Committee to review. A focus of the Committee discussion on the MHIT program was the program's success, the lack of school district participation, and the need to better better advertise the program to families.

Presentations were provided by representatives of various school districts with varying behavior health programs to address student needs.

The USD 489 (Hays) Superintendent provided testimony on his experience with the MHIT Pilot program. He stated his previous school district was one of the initial nine pilot programs and, when the program expanded in 2019, his current school district chose to participate in the program based on the positive impacts he had seen in the prior school district. He provided results of those participating in the program, including that no student who participated had dropped out of school after receiving services.

A USD 233 (Olathe) representative provided testimony regarding the school district's 2019 Strategic Plan for a comprehensive mental health program composed of mental health workers and resources funded by the school district, the State of Kansas, and private partnerships. She cited the benefits to students and parents when the behavioral health services are provided in school. The USD 233 representative outlined the district's plan for staffing and funding the varying mental health positions. Contract therapists, paid through insurance or private pay, also participate. The Braden Robertson Fund, a charitable fund managed by the Olathe Public Schools Foundation, pays the bills submitted to the school district by therapists when parents are unable to pay. A description of each tier of the three-tier mental health program, the after-school program, and the summer program was provided to the Committee for its review. The representative also discussed the Mental Health First Aid training available through local CMHCs to help school staff recognize a possible mental health issue. The training also provides a script on how to start conversations with students.

The Assistant Superintendent of Special Education, USD 299 (Blue Valley), provided testimony on the strategic partnership the school district has with Children's Mercy Health Systems. The partnership was expanded for the 2021-2022 school year through the use of ESSER funds. Children's Mercy Health Systems employed 27 school-based social workers who are deployed across 36 school districts. The Assistant Superintendent stated social workers bring an

expertise in family and community systems and can link students and families with existing community services. The social workers provide support in the form of one-on-one interventions, support groups, goal setting and accountability, community referrals, and advocacy.

KSDE staff provided program reports for the first three years of the MHIT Pilot program.

Working Groups Update

In response to a question at the September 2021 meeting, KHI staff explained how problems and issues had been identified for recommendation development by the 2020 Committee and its working groups.

Services and Workforce Working Group

The co-chairpersons of the Services and Workforce working group provided an update on the recommendations discussed during the October 14, 2021, working group meeting. Topics reviewed included looking at other states that have been successful in recruitment and retention of mental health workers, dividing workforce recommendations into long-term and short-term activities and determining whether a state agency should be the lead agency for recommendation 1.4 on a workforce investment plan, narrowing or clarifying some recommendations or both, and seeking assistance from experts on how to best implement the recommendation on foster homes. The working group has also identified the issue of special populations for discussion at future working group meetings.

One Co-chairperson noted the need to create an entry-level mental health profession with a career ladder to encourage staff retention, the need for increased peer services, and the differing needs of rural, frontier, and urban areas of the state.

System Capacity and Transformation Working Group

A Co-chairperson of the System Capacity and Transformation working group updated the Committee on the recommendations discussed at the working group's October 14, 2021, meeting. The Co-chairperson noted the working group recommends combining two recommendations, 2.2 Addressing Inpatient Capacity and 9.1

Regional Model, as support for a regional model could help address the lack of beds and patient acuity identified. With regard to the recommendation on reimbursement rate increase and review, he noted a revision is needed to clarify the increase applies only to Medicaid rates, and the recommendation should be expanded to include all providers of behavioral health services. The Co-chairperson stated, with regard to the 988 National Suicide Prevention Hotline Funding recommendation, the working group believes a telephone surcharge would be the best funding method. The recommendation relating to integration was revised to clarify the strategies noted are not the only options to pursue integration, and other strategies such as the CCBHC initiative could be used.

The Co-chairperson responded to questions on the State General Fund and all funds cost of a 10 to 15 percent increase in Medicaid reimbursement rates. He noted a couple of years ago it was determined, in collaboration with KDADS, that a 2.0 percent rate increase for behavioral health services would equate to \$3.0 million, but that amount would be adjusted when the CCBHCs go to the prospective payment model, as those rates will be increased due to cost-based reimbursement. He stated the result will be a change in the fiscal note for the remainder of the fee-for-service behavioral health providers. When asked if the 10 to 15 percent rate increase would be in addition to the new certification requirements and rates in the budget, the Co-chairperson stated he would describe it as “parallel.” He noted it would be an additional funding mechanism for the CCBHCs.

Telehealth Working Group

The Telehealth working group co-chairpersons provided an update on the activity of the working group and responded to Committee questions. The vision statement created by the working group was provided. To address the Quality Assurance recommendation, the working group recommended improving provider and patient education around how to use telehealth services. This topic also focused on the need to consider a behavioral health and medical professional licensure compact or a BSRB waiver program. During discussion on this topic, it was noted that unlike licensure boards in other states that license

only one profession, the BSRB licenses multiple behavioral health professions, making it difficult to navigate individual interstate compacts for each profession. A BSRB waiver program with other states would allow a person who was a member in good standing in their licensure state to be offered a waiver to provide services in Kansas. The working group planned to consult with the BSRB on its view of these options.

Regarding other telehealth recommendations, working group discussion topics included establishing coverage of telehealth for crisis services. A virtual co-responder model for law enforcement when responding to mental health crises in rural and frontier communities was suggested, as was increasing education to providers, practitioners, and law enforcement officers on the use of telehealth. Another discussion topic was the need for consistency with the definitions in the Kansas Telemedicine Act for “originating site” and “distant site.” Regarding the recommendation on the child welfare system and telehealth, the working group recommended utilizing telehealth to maintain service and provider continuity as foster children move around the state.

Kansas Urban and Rural Suicide Rates; Federal and State Efforts to Prevent Suicides in Rural Communities

A KHI staff member provided testimony on suicide rates in Kansas. A chart was provided reflecting the location of the five peer county groups in the state: urban, semi-urban, densely settled rural, rural, and frontier. The rates provided were age-adjusted, five-year average rates, and pre-COVID-19 pandemic. The data reflected a rise in all peer groups, especially after 2007. The increases depicted ranged from 40.3 percent to 54.7 percent, with the highest increase in frontier areas. He noted the rate of suicide by discharge of firearms was significantly higher in the frontier group than in all other county peer groups. The federal approach to suicide prevention does not identify rural populations as 1 of the 11 identified groups with increased suicide risk. He noted veterans have been the focus of suicide prevention legislation. Reviews of funding sources for rural suicide prevention and what other states have done to bring attention and assistance regarding rural suicide were provided. The KHI staff member

mentioned KDADS has created a plan for suicide prevention that includes rural-focused opportunities.

Overview of Specialty Courts

The Special Counsel to the Chief Justice of the Kansas Supreme Court presented an overview of specialty courts, a program that uses therapeutic and problem-solving procedures to address underlying factors that may contribute to a party's involvement in criminal activity. Information was provided on the Specialty Court Committee established by the Kansas Supreme Court to make recommendations on the development and administration of specialty courts in the state. A list of the specialty courts in Kansas district courts was provided.

Presentations on Specialty Courts

Three Kansas district court judges presented an in-depth view of the specific type of specialty court each oversees and shared some of the specialty courts' successes.

19th Judicial District Drug Court

The Chief Judge of the 19th Judicial District provided testimony regarding the implementation of a drug court, for which he is the presiding judge. He discussed the time investment and effort involved in creating the program that was made by all members of the criminal justice community. Participants in the program must have a high risk of failure on traditional supervision and have a substantial substance abuse disorder. Mental health assessments and physicals are completed in the first 30 days. Participants regularly appear before the court. Incentives are provided for positive behavior. Sanctions are imposed for negative behavior proportionate to the conduct and are designed to address a specific behavior. All participants are required to complete a cognitive-based behavioral health program. The drug court program averages 18 months to complete.

10th Judicial District Veterans' Treatment Court

A 10th Judicial District (Johnson County) District Court Judge who oversees the Veterans' Treatment Court provided testimony on the history and operation of the specialty court. The court is both a post-plea and a diversion court. Applicants

are evaluated by Court Services through the Veterans Administration or Johnson County Mental Health Center. Judges and prosecutors decide who comes in on diversion. Each veteran is assigned a mentor to support the veteran through the process. The specialty court has graduated 50 veterans in 5 years. The Judge noted the very low recidivism rates in specialty courts, stating, to date, no participant who has graduated from the Veterans' Treatment Court program has received a new criminal charge.

23rd Judicial District Drug Court

The Chief Judge of the Ellis County District Court provided testimony on the drug court he oversees, which has been in place for three years. He noted the difficulty in starting the program, primarily in finding defense attorneys and creating incentives for participants. He said the purpose of the program was to stop the cycle of individuals constantly appearing before the court. The program requirements are more difficult than probation, and the program averages 18 months to complete. The Chief Judge noted 15 of the current participants are receiving mental health treatment. He noted the large time commitment required of the entire team to facilitate the program: law enforcement, staff, attorneys, and the judge.

In response to Committee questions, the judges provided information on the cost for individuals in the respective programs and the cost of a specialty court.

Call Centers for 988 Suicide Prevention Hotline

Representatives of KDADS and Kansas Suicide Prevention HQ, provided testimony on the 988 suicide prevention hotline. The National Suicide Prevention Lifeline (NSPL) is being overhauled, and telecommunications providers have until July 2022 to enable 988 as the number to call so Kansans can seamlessly connect to mental health crisis professionals. No federal funds are available for the 988 Suicide Prevention Lifeline. The 988 number is also a mental health hotline, not just for suicide calls. The system requires phone counselors who have completed crisis-specific training, dedicated phone staff 24 hours per day and seven days per week, current accreditation for telephone crisis counseling program, that suicide risk assessments be provided

to all callers and responses comply with NSPL imminent risk policy, and that referrals and follow-up be provided. Three agencies provide the services in Kansas: Kansas Suicide Prevention HQ, Johnson County Mental Health Center, and COMCARE of Sedgwick County. The call centers act as an entry point for all services available to callers. There has been a steady increase in the number of calls received at all of the call centers in the past few years. An overview of the 988 Planning Group and the 988 Coalition was provided. A Vibrant planning grant was used to develop the necessary steps for a successful implementation.

The conferees noted the largest cost was related to building capacity to handle the large influx of calls. Additionally, it was noted staffing, technology, and infrastructure need to be examined and expanded.

In response to questions, the KDADS representative clarified currently all statewide calls are answered by Kansas Suicide Prevention HQ. COMCARE and Johnson County Mental Health Center are county-funded and answer calls for the CMHC county catchment area. He noted other counties could look at funding their call centers for NSPL accreditation or, statewide, the call centers could be funded with state funds or 988 fees collected to ensure the entire state is covered effectively at the 98 percent or higher call answer rate.

Regarding differences in the problems encountered in calls from rural areas, the Kansas Suicide Prevention HQ representative stated phone staff receives 100 hours of training, including skills in cultural competency, before staffing the phone lines. It was also noted Kansas, Nebraska, and Missouri have an agricultural stress line available to the agriculture industry.

The KDADS representative noted there are multiple suicide hotline numbers listed for Kansas, because each CMHC has a hotline. Additionally, CMHCs are required to have an after-hours number, and most contract with Health Information Solutions in Topeka for that service. He said services must be provided to anyone who calls, and follow-up calls are required. Regarding a database to track the strengths and weaknesses of

the system, the State is waiting to hear from Vibrant, which is looking for a national solution.

Regarding allowable uses for funds addressed in the 988 funding bill introduced during the 2021 Legislative Session (HB 2281), the KDADS representative responded the legislation would allow payment for support to any caller to 988, including mobile crisis services and crisis stabilization services in a 24-hour facility, and provide for co-responder programs. The bill would also provide funds for marketing 988 and would allow for ongoing infrastructure pieces to connect to 911.

Suicide Data and Statistics

A KDHE epidemiologist provided testimony on Kansas suicide data and statistics. She noted the suicide rate in Kansas increased 75 percent from 2001 to 2018. From 2015-2019, suicide was the second leading cause of death in Kansas for persons aged 10-44 years. The epidemiologist provided data on emergency room visits for self-harm and suicide attempts.

She noted the most significant increase in emergency room visits for suicide attempts was among those ages 10 to 19. She stated the majority of emergency room visits for suicide attempts and self-harm are by females and, with regard to race and ethnicity, white, non-Hispanic persons make up the majority of such emergency room visits. Youth ages 10 to 19 made up the largest share and the largest increase from 2016-2020 in hospitalizations for suicide attempts and self-harm.

The epidemiologist also provided an age breakdown data for mortality. White, non-Hispanic males made up 84 percent of suicide deaths. Adult males working in agriculture, forestry, and fishing had the highest rate of suicide among male workers. Females working in health care had the highest suicide rate among female workers. Veterans have a suicide mortality rate 3.4 times that of non-veterans. The frontier areas of the state had the highest rate of suicide deaths per 100,000 residents.

A list of the circumstances leading up to suicide was given for age groups 10 to 17 and 18 years and older. She noted the numbers provided are comparable to the national averages.

Kansas Suicide Prevention Plan 2021-2025; Challenges and Opportunities in Addressing Suicide Prevention

Representatives of KDADS and Kansas Suicide Prevention HQ presented information regarding the Suicide Prevention Plan 2021-2025, which they noted was influenced by national best practices and Kansas experiences. Details of the infrastructure of the Prevention Plan and a list of public, private, and nonprofit partners were provided. There are three areas of emphasis in the plan: prevention, intervention, and follow-up services. Strategic pieces of the plan include integrated and coordinated suicide prevention and broadened suicide prevention communication efforts, which includes building a strong statewide Suicide Prevention Coalition. KDHE has implemented the Zero Suicide Initiative to support training and implementation efforts. The conferees noted, for the plan to be successful, improvements in data collection related to suicide morbidity and mortality are needed, as is an annual review and report on the plan.

An Associate Professor at the University of Kansas School of Medicine in Wichita, who represented the Sedgwick County Suicide Prevention Coalition, provided testimony on the challenges and opportunities of suicide prevention in Sedgwick County. She provided a graph indicating the growth in the number of suicides in Sedgwick County versus the growth in the state and the nation, with the state and county rates trending higher than the national rates. A breakdown of the 2016-2020 suicide death by age group for the county was provided, along with the Sedgwick County historical suicide rate for adults and minors from 2009 through 2020. Efforts being taken to prevent suicides were discussed, with workforce shortages being the primary challenge. She noted the opportunity for CCBHCs to play a significant part in prevention. She responded to several questions regarding the data.

Testimony on the challenges and opportunities in addressing suicide prevention also was presented by a Board member of the Johnson County Suicide Prevention Coalition. She provided 2020 suicide data for Johnson County. Monthly Coalition meetings focus on specific prevention initiatives. Small grants have been awarded to community-based organizations to

support specific initiatives. In January 2022, a Suicide Fatality Review Board will be launched with a focus on the trends related to death by suicide in the county. She noted ongoing barriers include the lack of access to timely mental and substance abuse treatment and financial barriers that limit the ability to seek appropriate treatment.

A chaplain with the Robert J. Dole VA Medical Center testified that his years of experience as a pastor, Air National Guard chaplain, and as a Veterans Administration chaplain leads him to believe that a partnership between faith communities and mental health providers could lead to a fresh perspective around issues of mental health. He noted the faith community is not suited to deal with suicide intervention but is well-suited to deal with suicide prevention. It was his opinion the State should consider a faith-based collaborative organization to work with mental health agencies. He noted many states have faith-based collaboratives in their state plans.

Roundtable Discussion on Experience with Suicide and Effective Prevention Efforts

The Committee heard testimony in the form of a roundtable discussion, facilitated by a therapist and program supervisor for Compass Behavioral Health in Dodge City, with Kansans who have personal life experience of suicide. The private citizens provided their experiences related to personal suicide attempts or suicide attempts by family members. They shared what was most helpful to them in avoiding future suicide attempts.

Trauma-Informed Care

The Chairperson of the Governor's Behavioral Health Services Planning Council Children's Subcommittee (GBHSPC Subcommittee) provided testimony regarding the work of the Subcommittee. She noted the state is doing a great deal of work in regard to mental health. A list of the progress highlights was provided, noting there has been a positive culture shift within and between state agencies resulting in better partnerships and collaboration. She noted Kansas, like many states, is experiencing significant workforce challenges at all levels, and the shortage is worsened by poor distribution of staff.

The GBHSPC Subcommittee Chairperson indicated COVID-19 has exacerbated the challenges of meeting the mental health needs of children. Data was provided regarding emergency room visits for suspected suicide attempts among persons 12-25 years of age before and during the COVID-19 pandemic. Recommendations were provided to the Committee from lessons learned from the COVID-19 pandemic. She noted many young people also have experienced the death of a primary or secondary caregiver during the pandemic, with a disproportionate number being children of color. She stated the GBHSPC Subcommittee recommended all state agencies prioritize data systems to collect and report on service data with racial disparities and equity in mind.

The GBHSPC Subcommittee Chairperson provided information on KSKidsMAP, which provides support to primary care physicians and clinicians. The program increases the capacity of front-line providers to identify and provide services to those with behavioral health needs through access to a consultation line, TeleECHO clinics, and physician and clinician wellness services. She stated there is a need for further exploration of the benefits of telehealth with regard to mental health. The GBHSPC Subcommittee Chairperson provided a list of additional recommendations and noted the three 2021-2022 goals for the Subcommittee.

The Chief Executive Officer (CEO) of the Kansas Children's Service League (KCSL) provided testimony on the impact of childhood adversity, which can have a profound impact on social skills, school readiness, and the likelihood of developing negative coping mechanisms. She noted KCSL's goal is providing children and parents stable, responsive, nurturing relationships that can prevent or even reverse the effects of early life stress. She presented five approaches to prevention of adverse childhood experiences (ACEs), noting the focus should be on children 0-3 years of age, because those are the most formative years for brain development. ACEs include abuse, neglect, and household dysfunction or circumstances that affect children adversely. A summary of recent ACE research outlining the effect of ACEs on brain development and a comparison of Kansas and U.S. ACE data was provided. Suggestions on what could be done to

prevent ACEs were also shared. She noted there is a need to provide support to parents without the child present, which is currently not possible. She said it is not always in the best interest of the children to have them present during sessions with parents to address the needs of a child with behavioral health problems.

The KCSL CEO explained the meaning of the ACE score, which looks at ten categories to determine the level of trauma experienced by a child. She noted, while she did not have data, the Centers for Disease Control and Prevention says early intervention and prevention of abuse results in a 44 percent decrease in depression for those children when they become adults. She described the KCSL Healthy Family Programming, which is an evidence-based home visitation program. Parents in the program take the ACE questionnaire, and the results are used as talking points from which parents can learn and make better decisions for themselves and their child. She also noted a traumatic event does not have to lead to long-term trauma if support is received that contributes to the resilience to work through traumatic experiences.

November 17, 2021, Meeting

Behavioral Health Funding Update

A KLRD staff member provided an update on funding for behavioral health in Kansas. He responded to Committee questions regarding the revenue generated by lottery machines and its use for the crisis response team and the Clubhouse program, a breakdown for the use of the housing program funds, and the difference between the statewide mobile response service and the 988 hotline.

Autism Task Force Presentation

An overview of the Autism Task Force was provided by a Sunflower State Health Plan representative and a private citizen, both members of the Task Force. The Autism Task Force was convened by KDADS to develop recommendations for the Secretary for Aging and Disability Services on autism services in Kansas. The Autism Task Force members provided a brief description of the Task Force recommendations, which focused on workforce, services, funding, and special populations. Draft recommendations

were provided relating to exploring a Children’s Waiver and a Community Living Support Waiver, expanding access via telehealth and reciprocity, allowing individualized budget authority, and incentivizing providers. A list of topics for other draft recommendations to be considered also was provided.

Working Group Updates

A KHI representative provided a review of the working groups’ meetings since the October 2021 Committee meeting. She noted several surveys were conducted to gather information from the various working groups. She sought input from the Committee on how the final report should be formatted.

Co-chairpersons of each of the working groups provided updates on the work of the working groups.

Services and Workforce Working Group

A Co-chairperson of the Services and Workforce Working Group provided an update on the working group’s discussions of revisions to previous recommendations. Among the revisions being discussed were a request for a review by the Legislative Division of Post Audit of Kansas behavioral health to include reviewing information on recipients of the National Health Service Corps and State Loan Repayment Program for the past ten years to determine the effectiveness of the programs in recruiting and retaining behavioral health professionals in Kansas, incentivizing the methadone clinics in Kansas to work with KanCare, and funding for grants to CMHCs and substance use disorder (SUD) treatment providers to pay for peer mentor and child protective services positions.

New and expanded recommendation topics discussed were a statewide psychiatric access program, Medicaid postpartum coverage, three trauma-informed care approaches, support for the Kansas State Suicide Prevention Plan, strategies to address the behavioral health workforce shortage, the recognition of social isolation as a public health issue and the need for a public campaign to address social isolation, and the need to address stigma by promoting help lines and success stories and discussing behavioral health without stigma.

System Capacity and Transformation Working Group

A Co-chairperson of the System Capacity and Transformation Working Group updated the Committee on its meetings on November 1 and 10 focusing specifically on the legal system and law enforcement. The Co-chairperson discussed proposed revisions to 2020 recommendations, including identifying geographical areas of behavioral health need and gaps in the level of care; increasing Medicaid reimbursement rates; funding the 988 Suicide Prevention Lifeline; clarifying the expansion of training for correctional employees would include employees of local jails and detention centers; securing funding to increase access to inpatient, residential, and outpatient services for law enforcement referrals to evidence-based SUD programs; coordinating with juvenile corrections advisory boards to ensure local implementation aligns with statewide policy team recommendations; clarifying the purpose of Medicaid procedure code 90846; expanding the Mental Health Intervention Team (MHIT) program; exploring the creation of regional specialty courts, with consideration to addressing venue transfer; funding specialty court coordinators; and providing funding for CMHCs to conduct mobile competency evaluation and competency restoration. Additionally, the Co-chairperson noted there was discussion of the high-priority topic of Medicaid expansion and the extent to which it could help address other recommendations in the report.

Telehealth Working Group

The co-chairpersons of the Telehealth Working Group provided an update on its November 15 meeting in which the working group reviewed telehealth utilization rates and heard from local and national supplemental experts on telehealth payment parity.

Governor’s Commission on Racial Equity and Justice Behavioral Health-Related Recommendations

The CEO of the United Methodist Health Ministries Fund provided testimony on the work of the Governor’s Commission on Racial Equity and Justice (Commission) in 2021 focused on social determinants of health. The Commission is to provide two reports on social determinants of

health to the Governor on July 1, 2021, and in December 2021.

The CEO, who serves as a member of the Commission, stated the July 2021 report included 51 recommendations on early childhood education and child care, federal legislation and funding, tax policy, teacher diversity, postsecondary education, school resource officers, school mascots, maternal and child health, and vaccine equity. The CEO described the July 2021 report recommendations related to behavioral health and the draft December 2021 mental health recommendations. The December 2021 draft recommendations included addressing the cost, coverage, and services related to behavioral health; ACEs and interfamily violence; early childhood mental health services; youth mental health; and workforce.

Telehealth Research Update

The Assistant Dean of Student Affairs, University of Kansas School of Medicine, Salina Campus, and Assistant Professor of Population Health and Surgery, University of Kansas School of Medicine, provided a status report on a survey related to telehealth and COVID-19.

The following themes were addressed through provider and administrator interviews: telehealth and access to health care, barriers to implementing telehealth, scheduling logistics and no-show rates, what can and cannot be done through telehealth, parity with in-person visits, and telehealth's role after the COVID-19 pandemic. The representatives noted the next survey will involve telehealth patient focus groups.

KLRD Update on 988 Funding and Summaries of 988 Suicide Prevention Legislation

In response to questions relating to 988 funding, KLRD staff provided an overview of KDADS' FY 2022 enhancement request for statewide mobile response that was included in the Governor's recommendation to the 2021 Legislature.

KLRD staff provided a written-only updated spreadsheet containing summaries of the 988 Suicide Prevention legislation in other states.

National Conference of State Legislatures Presentation on Other States' Approaches to Telehealth

A Health Program Policy Associate with the National Conference of State Legislatures (NCSL) provided testimony regarding how states have implemented policies regarding telehealth. He noted telehealth is not a service but a method to provide health care through three modalities: live video, storing and forwarding transmission from one care site to another for evaluation, and remote patient monitoring. The NCSL Policy Associate provided various maps, including the following information: states with legislation permanently implementing COVID-19 telehealth flexibilities, examples of legislation enacted by various states, coverage and payment parity in 2021, and states that enacted legislation allowing participation in the Psychology Interjurisdictional Compact (PSYPACT). He discussed recently enacted legislation, which has permitted a few states to join a Counselor Compact. Information on states allowing many types of out-of-state providers to deliver services to in-state residents if specific requirements are met was also provided.

Presentation on Workforce Issues

The Director of the Behavioral Health Education Center of Nebraska, University of Nebraska Medical Center (Nebraska education center), provided testimony regarding efforts by the State of Nebraska to address the behavioral health workforce shortage. The Nebraska Legislature funded the creation of the Nebraska education center in 2009 due to the need to deal with untreated mental health disorders. In partnership with the University of Nebraska, the goal was to provide a pathway from student to mental health provider to improve behavioral health access in rural and underserved areas. Recruiting starts in high schools with mentorship programs and educational opportunities through to graduate training. To help with retention, the Nebraska education center offers free continuing education, fatigue prevention, and review of licensure requirements. A workforce data survey is conducted every two years to determine who is in the field and where and how they practice. The Director stated although Nebraska has 50 percent of the providers needed, it has seen a 38 percent behavioral health workforce increase since 2010.

The Executive Director and Licensed Clinical Psychotherapist with Compass Behavioral Health, Garden City, provided testimony on how workforce shortages have affected her organization and the state. She discussed the increased difficulty with staffing shortages in the past few years, citing therapists moving to private practice and difficulty in hiring and retaining psychiatrists, which in turn affects the ability for an advance practice registered nurse (APRN) with a psychiatric specialty to practice due to the lack of a collaborating psychiatrist and results in APRNs leaving for independent practice states. The Executive Director also noted the need to use APRN and therapy staff through telehealth agencies at a higher cost to meet the workforce needs. She suggested several ways to mitigate workforce challenges including adding certification levels to allow career ladders. She noted the CCBHC initiative will help with recruitment and retention efforts.

The Executive Director of the Association of Community Mental Health Centers of Kansas stated the CMHCs are operating at a 12 percent vacancy rate. He noted, as of 2018 when the association was part of the Behavioral Health Economic Network (BHECON), Kansas had the greatest shortage of mental health and addiction care providers in the United States, with uniquely low rates in rural communities. The surrounding states, through either expanded Medicaid or implementations of CCBHCs, have additional resources and the ability to recruit away already scarce behavioral health professionals. He noted efforts to address recruitment and retention, including the recent enactment of legislation reducing the number of hours for clinical licensure, allowing out-of-state providers an easier process for licensure, and implementing CCBHCs.

The KDHE Children and Families Director, a Professor and Chair of Psychiatry and Behavioral Sciences with the University of Kansas School of Medicine-Wichita, and a Research Project Manager with the University of Kansas Center for Public Partnerships and Research provided testimony on psychiatric access programs in the state. The conferees discussed several programs to help address the shortage, including Kansas Connecting Communities, KSKidsMAP, and TeleECHO. The conferees also noted the COVID-19 pandemic has increased health care burnout,

with 76 percent of health care workers reporting exhaustion and burnout in September 2020.

The KDADS Behavioral Health Commissioner provided testimony regarding the recruiting challenges across all classes of workers. He stated the major issue is wage competition affecting all Standard Occupation Classifications. Initiatives to improve behavioral health services have been undermined by workforce shortages. He stated the State has attempted to raise starting wages to try to attract and retain workers. As an example of the effect of the shortages, he stated there are currently 134 psychiatric residential treatment facility (PRTF) beds available, but no staff to support them. There are 133 children on the waitlist for these beds. The Commissioner stated the waitlist could be eliminated but for the staffing shortage. In October 2021, a National State of Emergency in Children's Mental Health was declared. A list of possible actions to address the workforce problem was provided.

Sedgwick County Mobile Response Unit Update

The Sedgwick County Sheriff provided an update on the Sedgwick County Mobile Response Unit, the Integrated Care Team (ICT-1). The unit consists of a mental health worker, an emergency medical technician (EMT), and a law enforcement officer. The unit responds to 911 calls with individuals suffering a mental health crisis. The Sheriff reviewed how the team operates and provided statistical information to demonstrate its effectiveness. The Sheriff said a critical piece was the presence of the EMT, who can assess the individual prior to transfer to the hospital, freeing up the law enforcement officer to be released back to service. The Sheriff provided information on the cost of the program at the December 2021 meeting.

Roundtable Discussion on Workforce Issues

KHI staff facilitated a roundtable discussion regarding workforce issues and what could be done to address them. All participants, including Committee members, conferees, and working group members, were encouraged to provide ideas that they would want the working groups to add to the recommendations and key themes to incorporate into the report. Suggestions included career laddering, high school internships,

mentorship programs, payment of continuing education costs, right-sizing educational requirements with dual credit courses for psychology or social services, rural residency programs, wage differential (especially in border communities), the impact CCBHCs could make, recruitment of behavioral health staff by other states with better pay and hours, assistance with psychiatrist office startup costs to encourage physicians to go to rural areas, and better broadband access in rural areas.

December 15, 2021, Meeting

Follow-up Information from November 17, 2021, Meeting

KLRD staff provided the Committee with the following documents for review: KLRD Memorandum with Responses from a representative of the Governor’s Commission on Racial Equity and Justice; KLRD Survey of Interstate Compacts Concerning Licensure of Counselors and Marriage and Family Therapists; NCSL Follow-up Information on Interstate Licensure Compacts; KLRD Spreadsheet on Behavioral Health Professions Wage Comparison — Kansas and Neighboring States; DCF Information on Secondary Education Waivers/Vouchers for Foster Care Youth; ICT-1 Financial Impact Report; Map of CCBHCs in Oklahoma; Map of CCBHCs in Missouri; KLRD Memorandum on Follow-up Fiscal Information; a KDADS HB 2281 Crisis System Service Funding and Delivery Model document; and Office of the Revisor of Statutes Memorandum on Youth Suicide Prevention Statutory Provisions.

Review of Working Group Recommendation Process; Review of Strategic Framework for Modernizing the Kansas Behavioral Health System: 2021 High-Priority Update

KHI staff reviewed the working group recommendation process and reviewed the sections of the working group report, *Strategic Framework for Modernizing the Kansas Behavioral Health System: 2021 High-Priority Update* (Strategic Framework Update) (Appendix pages 41–108), explaining its organization and editing format.

The format of the recommendations of the Strategic Framework Update were discussed and

KHI staff reviewed how recommendations were sorted into high-priority for the Committee, based on the discussion of the working groups and the prioritization process.

Within these high-priority recommendations, the working groups sorted each recommendation into an “immediate action” category or a “strategic importance” category. (As they did for the 2020 Committee report, “immediate action” means recommendations the working groups believe can be completed in the next two years, and “strategic importance” means those recommendations the working groups believe should be initiated in the near term but would be completed in the longer term.)

Notable parts of the Strategic Framework Update that were discussed by KHI were:

- A summary of new and revised recommendations for Committee consideration (Appendix pages 48–54);
- Detailed new and revised recommendations organized by topic, including rationale, ease of implementation, potential for high impact, measuring impact, and action lead and key collaborators (Appendix pages 55–82);
- Summary of all recommendations from 2020 and 2021, as revised (Appendix pages 83–92);
- Recommendations considered complete (Appendix pages 93–96);
- A copy of the recommendation rubric that the working groups used to finalize their recommendations (Appendix pages 97–98);
- Tables for the high-priority recommendations by topic, which could be used as checklists for implementation (Appendix pages 99–100); and
- Committee, roundtable, and working group membership lists (Appendix pages 101–106).

KHI staff then introduced the Co-chairpersons and other members of each working group who would make presentations. These individuals reviewed each of the high-priority new and revised recommendations by the working groups, and explained the rationale for each of the recommendations. Following the working group presentations for each recommendation, the Committee had the opportunity to pose questions to relevant working group members and subject matter experts.

Review of Services and Workforce Working Group Report Recommendations

The Co-chairpersons and a KDHE working group member reviewed the recommendations from the Services and Workforce Working Group. The topics of the new and revised recommendations included a request for an audit by the Legislative Division of Post Audit on behavioral health professionals who received student loan repayments; a long-term investment plan for the behavioral health workforce that prioritizes high school internships and a fund for health care worker retention and recruitment; support for the Kansas Suicide Prevention Plan, including KDADS hiring a suicide prevention coordinator; investment in foster home recruitment and services for youth in PRTFs; community-based liaisons for justice-involved youth; trauma-informed care; promotion of awareness of social isolation as a public health issue; normalization of behavioral health as health; an increase in state funds for behavioral health prevention; the funding of a statewide psychiatric access program with specialty teams; and the extension of Medicaid postpartum coverage to 12 months.

A Co-chairperson noted workforce issues were discussed as potential barriers in relation to recommendations in other topic areas, highlighting the essential need to address workforce shortages to accomplish many of the recommendations from all working groups.

Review of System Capacity and Transformation Working Group Report Recommendations

The Co-chairpersons and a District Court Judge working group member discussed the recommendations from the System Capacity and Transformation Working Group. The Co-

chairpersons stated inclusion of judges as members of the working group brought valuable expertise in addressing the interaction with the legal system by individuals with behavioral health needs.

New and revised recommendations presented by the working group members related to the following topics: expanding the MHIT program in K-12 schools; forming a comprehensive plan to address hospital capacity through regional facilities; funding the 988 National Suicide Prevention Lifeline through a fee on telephone subscriber accounts; increasing Medicaid reimbursement rates for behavioral health providers; working with the State Epidemiological Outcomes Workgroup to establish an annual legislative report on state behavioral health outcomes using existing data and outcomes measures; creating regional specialty courts throughout the state; funding specialty court coordinators; funding mobile competency evaluations; training employees in correctional facilities to recognize those with substance use disorder (SUD); ensuring local agency responses in working with crossover youth align with statewide policy team expectations; clarifying the adoption of coding practices to facilitate integration of primary medical and behavioral health care as only one of the strategies to consider; and allowing utilization of Medicaid code 90846 to enable family psychotherapy without the child present.

A Co-chairperson noted Medicaid expansion remains a high-priority discussion item for the working group but is not included in the recommendations.

Review of Telehealth Working Group Recommendations

The Co-chairpersons and multiple working group members presented the recommendations from the Telehealth Working Group. The new and revised recommendations addressed the following topics: establishing a special committee on telehealth modernization; developing quality assurance standards for providers and patients; maintaining Medicaid reimbursement codes for telehealth services, as federal Centers for Medicare and Medicaid Services (CMS) rules allow; continuing coverage of telehealth for crisis

services; addressing provider confusion over overlapping interstate compacts for telehealth licenses; and using telehealth to maintain service continuity for children and foster children as they move around the state.

Review of Recommendations Proposed by Robert G. (Bob) Bethell Joint Committee on Home and Community Based Services and KanCare Oversight

At the request of the Chairperson, KLRD staff provided a review of preliminary recommendations made on December 14, 2021, by the Bethell Joint Committee, as many of the recommendations overlapped those made by the working groups and being considered by the Committee. The Chairperson requested these recommendations be included for reference in the Committee report. The Bethell Joint Committee recommendations generally included:

- Recommending 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 request a cost estimate from KDHE;
- Recommending the expansion of postpartum coverage to 12 months for new mothers enrolled in KanCare and directing KDHE to provide data on the number of women who have used the first 2 months of postpartum services and that could benefit from 12 months;
- Requesting the State Medicaid Director review and report, including producing cost estimates and historical comparisons, on raising Medicaid reimbursement rates as percentages of Medicare rates for various codes, in particular, emergency medical services, pediatric primary care, and certified nurse midwife care, and submit the report to the Bethell Joint Committee, the Senate Committee on Public Health and Welfare, the House Committee on Health and Human Services, and the social service budget subcommittees of the Senate Committee on Ways and Means and the House Committee on Appropriations;
- Recommending a bill be drafted to codify in statute the flexibility of the temporary nurse aide authorization provided in Executive Order 20-23;
- Directing KDHE to investigate, and produce a cost estimate on, CMS approval for paying family caregivers if they meet the requirements of any other care providers within industry-standard guardrails and authorizing family caregivers with pending background checks to be paid;
- Requesting the LCC establish a committee to study the Intellectual and Developmental Disability (I/DD) waiver waitlist and long-term needs of the I/DD community, similar in structure to the 2021 Special Committee on Mental Health Modernization and Reform;
- Recommending the Legislature look into raising the Specialized Medical Care (T1000) service codes rates for both the Technology Assisted (TA) and I/DD waiver to \$47.00/hour and using 2021 American Rescue Plan Act funds, if available, prior to State General Fund moneys;
- Recommending the LCC establish a working group to study shortages and credentialing of personal care attendants and look at criteria and training;
- Recommending appropriate legislative committees that deal with perinatal behavioral health monitor the current funding source for Kansas Connecting Communities, a collaborative mental health initiative between KDHE and several state and local partners;
- Recommending the Legislature amend statutes to provide refunds to skilled nursing facilities for the reduction in the number of licensed beds upon decertification; and

- Recommending KDADS look into amending the certified medication aide curriculum to allow certified medication aides to assist residents in self-administration of insulin injections.

Special Committee Review and Edits of Working Group Report Recommendations

Following the presentations of the new and revised working group recommendations, the Committee had the opportunity to discuss the recommendations, pose questions to relevant working group members and subject matter experts, and propose additional edits for the Strategic Framework Update.

The Chairperson guided the Committee members through a review of each new and revised recommendation in the Strategic Framework Update. The Committee made edits and changes to the Strategic Framework Update.

Discussion and Special Committee Recommendations for Committee Report to the 2022 Legislature

After Committee discussion of the edits, changes, and additions, the Committee approved the Strategic Framework 2021 Update report, as edited by the Committee, and KLRD staff were directed to advance the Strategic Framework Update as an attachment to the Committee’s report (Appendix pages 41–108).

CONCLUSIONS AND RECOMMENDATIONS

Special Committee Recommendations

At its December 15, 2021, meeting, the Committee discussed and approved the following recommendations based on Committee and working group discussion.

Distribution of Committee Report to the 2022 Legislature

Given the breadth and complexity of the topics associated with behavioral health and transformation of the system — its service capacity and workforce, the policy and treatment options and outcomes for individuals with

behavioral health needs, the use of telehealth for behavioral health services, the sustainability and finances for the delivery of behavioral health services and resources (including the impending transition to the 988 Suicide Prevention Hotline and the creation of CCBHCs) — the Committee requests its complete report be transmitted to the following standing and joint committees of the Kansas Legislature: the Bethell Joint Committee, House Committee on Children and Seniors, House Committee on Corrections and Juvenile Justice, House Committee on Health and Human Services, House Committee on K-12 Education Budget, House Committee on Social Services Budget, Senate Committee on Judiciary, Senate Committee on Public Health and Welfare, and Senate Committee on Ways and Means (agency subcommittees).

Strategic Framework for Modernizing the Behavioral Health System: 2021 High-Priority Update; Working Group Recommendations

At its December 15, 2021, meeting, the Committee adopted the recommendations of the Strategic Framework Update (Appendix pages 41–108), as amended by the Committee. The recommendations list the rationale behind each new and revised recommendation and other measures for implementation.

Workforce—Revised Recommendations (Appendix pages 55–57)

- **1.2 Access to Psychiatry Services [Services and Workforce Working Group; Immediate Action]:** Request a Legislative Post Audit review of Kansas behavioral health participants in the National Health Service Corps and State Loan Repayment Program for the past ten years; review professions awarded, communities in which those providers were located, number of years they participated in the program, number of years they continued to practice in their positions 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 and licensed by the Kansas State Board of Nursing, BSRB, and the Kansas State Board of Healing Arts (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 past ten 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 practice in Kansas to determine whether it is effective. If the requested audit by Legislative Post Audit is not approved, request the legislative budget committees include a proviso in the budget requiring KDHE to do the study with assistance from an educational institution.

- **1.4 Workforce Investment Plan [Services and Workforce Working Group; Strategic Importance]:** 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:
 - Establishing a 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 in Nebraska on which the Committee heard testimony;
 - Seeding university programs to develop and expand bachelor's and graduate programs in behavioral health;

- Creating a pool of funds that behavioral health providers could access to support retention and recruitment;
- Developing a career ladder for clinicians, such as through the development of an associate-level practitioner role; and
- Taking action to increase workforce diversity, including diversity related to race, ethnicity, and LGBTQ+ identity, and the ability to work with those with limited English proficiency.

Funding and Accessibility—New Recommendation (Appendix pages 58–59)

- **2.6 Expand Mental Health Intervention Team Program [System Capacity and Transformation Working Group; Immediate Action]:** Expand the 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 CMHCs, or utilizing other mental health providers. Make the MHIT grant 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 that the MHIT program is not a mandatory program.

Funding and Accessibility—Revised Recommendations (Appendix pages 59–61)

- **2.2 Addressing Inpatient Capacity by Implementing a Regional Model [Merger of 2020 Recommendations 2.2 and 9.1; System Capacity and Transformation Working Group; Immediate Action]:** 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 south-

central Kansas. Ongoing analysis should be conducted to identify geographic areas of need and gaps in levels of care.

- **2.3 Reimbursement Rate and Review [System Capacity and Transformation Working Group; Immediate Action]:** Implement an immediate increase of 10–15 percent in 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.

[*Note:* The Bethell Joint Committee included as a recommendation in its report to the 2022 Legislature a request that the State Medicaid Director review and create a report, including cost estimates and historical comparisons, on raising Medicaid reimbursement rates as percentages of Medicare rates for various codes, in particular emergency medical services, pediatric primary care, and certified nurse midwife services, and submit the report to the Bethell Joint Committee, Senate Committee on Public Health and Welfare, House Committee on Health and Human Services, and the social service budget subcommittees of the Senate Committee on Ways and Means and the House Committee on Appropriations.]

- **2.4 Support Kansas Suicide Prevention Plan [Services and Workforce Working Group; Immediate Action]:** In support of the 2021-2025 Kansas Suicide Prevention Plan, standardize definitions of data collected related to suicide 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 \$1.5 million from the State General Fund to the 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, and require KDADS look into potential grant funding; and 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.

Community Engagement – Revised Recommendations (Appendix pages 62–63)

- **3.3 Foster Homes [Services and Workforce Working Group; Strategic Importance]:** 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 youth with serious emotional disturbance;
 - 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.

- **3.4 Community-Based Liaison [Services and Workforce Working Group; Strategic Importance]:** 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 and co-occurring conditions.

Prevention and Education—New Recommendations (Appendix pages 64–66)

- **4.5 Trauma-Informed Care [Services and Workforce Working Group; Immediate Action]:** Under the auspices of the 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.
- **4.6 Promote Social Isolation as a Public Health Issue [Services and Workforce Working Group; Strategic Importance]:** Create strategies to disseminate information on 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.
- **4.7 Normalize Behavioral Health Discussions [Services and Workforce Working Group; Immediate Action]:** In lieu of discussing stigma, build on recent success stories (e.g., 988 lifeline, mobile crisis units, CCBHCs) to publicize behavioral health as health, creating a culture in which depression, anxiety, post-trauma, addiction, and other common illnesses become as mentionable as diabetes, heart disease, and migraines.

Prevention and Education—Revised Recommendations (Appendix pages 67–68)

- **4.1 988 Suicide Prevention Lifeline Funding [System Capacity and**

Transformation Working Group; Immediate Action]: Once the 988 National Suicide Prevention Line phone number is implemented, Kansas should collect fees via telephone 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.

- **4.4 Behavioral Health Prevention [Services and Workforce Working Group; Strategic Importance]:** Increase state funds for behavioral health prevention efforts to support additional evidence-based primary prevention and grant opportunities for community prevention activities.

Treatment and Recovery—Revised Recommendations (Appendix pages 68–69)

- **5.3 Statewide Psychiatric Access Program [Services and Workforce Working Group; Immediate Action]:** 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 I/DD, children (through 21 years of age) with autism spectrum disorder starting July 2024 (FY 2025), and adults with mood disorders starting July 2025 (FY 2026).

Special Populations—New Recommendation (Appendix pages 69–70)

- **6.6 Medicaid Postpartum Coverage [Services and Workforce Working**

Group; Immediate Action]: Request the Bethell Joint Committee review 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.

[*Note:* In its report to the 2022 Legislature, the Bethell Joint Committee recommended expanding postpartum coverage to 12 months for new mothers enrolled in KanCare and directing KDHE to provide data on the number of women who have used postpartum services within the first 2 months and could benefit from 12 months of services.]

Data Systems—New Recommendation (Appendix page 71)

- **7.6 Outcomes Data [System Capacity and Transformation Working Group; Strategic Importance]:** Work with the Kansas State Epidemiological Outcomes Workgroup to establish an annual legislative report on state behavioral health outcomes using existing data and outcome measures. [*Note:* This working group brings together data published on the Kansas Behavioral Health Indicators Dashboard.]

Interactions with Legal System and Law Enforcement—New Recommendations (Appendix pages 72–74)

- **8.5 Regional Specialty Courts/Venue Transfer [System Capacity and Transformation Working Group; Strategic Importance]:** 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 funding sources to create regional specialty courts.]

- **8.6 Specialty Court Coordinators [System Capacity and Transformation Working Group; Immediate Action]:** Provide funding for judicial districts that meet qualifying criteria to hire specialty court coordinators.
- **8.7 Competency Evaluations and Restoration [System Capacity and Transformation Working Group; Immediate Action]:** Recommend KDADS look into a pilot program for CMHCs to conduct mobile competency evaluation and competency restoration services and report to the 2022 Legislature.

Interactions with the Legal System and Law Enforcement—Revised Recommendations (Appendix pages 74–75)

- **8.1 Correctional Employees [System Capacity and Transformation Working Group; Immediate Action]:** 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.
- **8.3 Law Enforcement Referrals [System Capacity and Transformation Working Group; Immediate Action]** Increase utilization and development of evidence-based substance use disorder (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.
- **8.4 Defining Crossover Youth Population [System Capacity and Transformation Working Group; Strategic Importance]:** 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.

System Transformation—Revised Recommendations (Appendix pages 75–76)

- **9.3 Integration [System Capacity and Transformation Working Group; Immediate Action]:** Increase integration, linkage, and 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, SUD, and mental health) to provide more integrated services to clients with co-occurring conditions.
- **9.5 Family Psychotherapy [System Capacity and Transformation Working Group; Strategic Importance]:** 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 Bethell Joint Committee 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 requested a cost estimate from KDHE.]

Telehealth—New Recommendation (Appendix pages 76–77)

- **10.6 Telemedicine Committee [Telehealth Working Group; Strategic Importance]:** 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, which includes judiciary *ad hoc* members. The Committee stresses the

need to continue its work on the topic of telemedicine.

Telehealth—Revised Recommendations (Appendix pages 77–82)

- **10.1 Telehealth Quality Assurance [Telehealth Working Group; Immediate Action]:** 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; and
 - Improving provider and patient education around telehealth literacy in relation to privacy, efficacy, access, and cybersecurity practices.
- **10.2 Telehealth Reimbursement Codes [Telehealth Working Group; Immediate Action]:** 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.
- **10.3 Telehealth for Crisis Services [Telehealth Working Group; Immediate Action]:** 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 crises 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. [Note: The

Committee stressed that crisis services and mobile crisis services are two different types of services.]

- **10.4 Telehealth Originating and Distant Sites** [*Telehealth Working Group; Strategic Importance*]: 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.

- **10.5 Child Welfare System and Telehealth** [*Telehealth Working Group; Strategic Importance*]: 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.

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Working Definitions for Mental Health Modernization and Reform

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 disorder; and the support of persons with lived experience in recovery from these conditions, along with their families and communities. (Adopted from the “Strategic Framework for Modernizing the Kansas Behavioral Health System: Working Groups Report to the Special Committee on Kansas Mental Health Modernization and Reform,” December 2020)

Certified Community Behavioral Health Clinic (CCBHC): Under Section 223 of the Protecting Access to Medicare Act of 2014, Congress required the U.S. Department of Health and Human Services (HHS) to establish a process for certification of CCBHCs as part of a two-year demonstration project under Medicaid. Per statute, entities under the CCBHC Medicaid Demonstration must provide a comprehensive set of services that respond to local needs by using integrated care. The demonstration project allows CCBHCs to have a reimbursement model that enhances the coverage of provider costs and allows for a full set of statutorily required services to be offered. In October 2015, HHS awarded planning grants to 24 states to help prepare to participate in the two-year demonstration project. The demonstration phase began in July 2017. Additional expansion grants (CCBHC-E) were awarded beginning in May 2018.

Crisis Intervention Center: Any entity licensed by the Kansas Department for Aging and Disability Services (KDADS) that is open 24 hours a day, 365 days a year, equipped to serve voluntary and involuntary individuals in crisis due to mental illness, substance abuse or a cooccurring condition, and that uses certified peer specialists. [KSA 59-29c02(e)]

Integrated Care: A systematic coordination of general and behavioral health care. (See Recommendation 9.3 Integration in the Strategic Framework for Modernizing the Kansas Behavioral Health System).

Psychiatric Residential Treatment Facility: Any non-hospital facility with a provider agreement with the licensing agency to provide inpatient services for individuals under the age of 21 who will receive highly structured, intensive treatment for which the licensee meets the requirements as set forth by regulations created and adopted by the Secretary for Aging and Disability Services. [KSA 39-2002(m)]

Telemedicine: Including “telehealth”, means the delivery of healthcare services or consultations while the patient is at an originating site and the healthcare provider is at a distant site. Telemedicine shall be provided by means of real-time two-way interactive audio, visual, or audiotext technology to provide or support healthcare delivery, that facilitate the assessment, diagnosis, consultation, treatment, education and care management of a patient’s healthcare. “Telemedicine” does not include communication between healthcare providers that consist solely of a telephone voice-only conversation, email or facsimile transmission; or a physician and a patient that consists solely of a telephone voice-only conversation, email or facsimile transmission. [KSA 40-2,211(5)]

Acronym Key		
ACE	Adverse Childhood Experiences	
ACT	Assertive Community Treatment	
APRN	Advance Practice Registered Nurse	
ARPA	American Recovery Plan Act	
BHECN	Behavioral Health Education Center of Nebraska	
BHS	Behavioral Health Services	
BSRB	Behavioral Sciences Regulatory Board	
CAK	Children's Alliance of Kansas	
CAODA	Committee on Alcohol and Other Drug Abuse	
CCBHC	Certified Community Behavioral Health Center	
CDC	Centers for Disease Control and Prevention	
CEO	Chief Executive Officer	
CIC	Crisis Intervention Center	
CINC	Child in Need of Care	
CIT	Crisis Intevention Training	
CJJR	Centers for Juvenile Justice Reform	
CMA	Certified Medication Aide	
CMHC	Community Mental Health Center	
CMS	Centers for Medicare and Medicaid Services	
CRT	Critical Race Theory	
CSG	Council of State Governments	
CYPM	Crossover Youth Practice Model	
DCF	Kansas Department for Children and Families	
EBP	Evidence Based Practice	
EHR	Electronic Health Records	
EMS	Emergency Medical Services	
EMSC	Emergency Medical Services for Children	
EMT	Emergency Medical Technician	
ESSER	Elementary and Secondary School Emergency Relief Fund	
FFPSA	Families First Prevention Services Act	
FMAP	Federal Medical Assistance Percentage	
FQHC	Federally Qualified Health Center	
GBHSPC	Governor's Behavioral Health Services Planning Council	
HCBS	Home and Community Based Services	
	AU	Autism
	BI	Brain Injury
	FE	Frail Elderly
	I/DD	Intellectual and Developmental Disability
	PD	Physical Disability
	SED	Serious Emotional Disturbance
	TA	Technology Assisted
HHS	U.S. Department of Health and Human Services	
HIE	Health Information Exchange	
ICT	Integrated Care Team	
IIP	Immediate Intervention Program	
IPS	Individual Placement and Support	
IT	Information Technology	
JIYA	Justice Involved Youth and Adult	

KCC	Kansas Connecting Communities
KCJRC	Kansas Criminal Justice Reform Commission
KCSDV	Kansas Coalition Against Sexual and Domestic Violence
KCSL	Kansas Children's Service League
KCTC	Kansas Communities that Care
KDADS	Kansas Department for Aging and Disability Services
KDHE	Kansas Department of Health and Environment
KDOC	Kansas Department of Corrections
KHI	Kansas Health Institute
KHIN	Kansas Health Information Network
KLRD	Kansas Legislative Research Department
KMAP	Kansas Medical Assistance Program
KSDE	Kansas State Department of Education
KSPHQ	Kansas Suicide Prevention Headquarters
LACIE	Lewis and Clark Information Exchange
LCC	Legislative Coordinating Council
LEO	Law Enforcement Officer
LTC	Long-term Care
MAT	Medication Assisted Treatment
MHBG	Mental Health Services Block Grant
MHIT	Mental Health Intervention Team
MHMR	Special Committee on Kansas Mental Health Modernization and Reform
MOU	Memorandum of Understanding
NCSL	National Conference of State Legislatures
NFMH	Nursing Facility for Mental Health
NHSC	National Health Service Corps
NSPL	National Suicide Prevention Lifeline
OAG	Office of the Attorney General
OSH	Osawatomie State Hospital
PDMP	Prescription Drug Monitoring Program (K-TRACS)
PGOAF	Problem Gambling and Other Addictions Fund
PHE	Public Health Emergency
PMTO	Parent Management Training of Oregon
PPH	Private Psychiatric Hospital
PPS	Prevention and Protection Services
PRTF	Psychiatric Residential Treatment Facility
PSYPACT	Psychology Interjurisdictional Compact
PTSD	Post-Traumatic Stress Disorder
RFP	Request for Proposal
RADAC	Regional Alcohol and Drug Assessment Center
SAMHSA	Substance Abuse and Mental Health Services Administration
SBIRT	Screening, Brief Intervention, and Referral for Treatment
SEOW	State Epidemiological Outcomes Workgroup
SGF	State General Fund
SIA	State Institutional Alternative
SLRP	Student Loan Repayment Program
SMHH	State Mental Health Hospital
SMI	Severe Mental Illness
SMVF	Service Members, Veterans, and Their Families

SOAR	SSDI Outreach, Access, and Recovery Program
SPA	State Plan Amendment
SPMI	Severe Persistent Mental Illness
SPT	Statewide Policy Team
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
STEPS	Supports and Training for Employing People Successfully
SUD	Substance Use Disorder
SUPPORT Act	Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment [SUPPORT] for Patients and Communities Act
TA	Technical Assistance
TANF	Temporary Assistance for Needy Families
TBRI	Trust-Based Relational Intervention
YRBSS	Youth Risk Behavior Surveillance System

Special Committee on Mental Health Modernization and Reform, September 2021
Recent Behavioral Health and Mental Health Committees and Task Forces' Recommendations - KLRD Crosswalk

Work Group 1: Finance and Sustainability

Topic 1. Workforce

2020 Kansas Criminal Justice Reform Commission	Governor's Behavioral Health Services Planning Council Subcommittees (<i>Draft Recommendations</i>)	Governor's Commission on Racial Equity and Justice December 2020 Initial Report	2020 Special Committee on Foster Care Oversight	2020 Robert G. (Bob) Bethell Joint Committee on Home and Community Based Services and KanCare Oversight
<p>Legislative/Other Authority Recommendation 21. Workforce Development: Consider placing an emphasis on mental health and substance abuse workforce development, especially in rural and frontier areas of the state.</p>	<p>CAODA Recommendation 2: Increase the workforce pipeline while also addressing regulatory barriers to treatment that have arisen due to the workforce crisis.</p> <p>Children's Subcommittee Recommendation 2.7: Support and/or fund specialized training for clinicians in dealing with depression and anxiety.</p>	<p>No relevant considerations.</p>	<p>FCO Recommendation: The Committee recommends DCF work with KLRD to research how to develop and expand a two-year certificate program for behavioral health technicians and guardians <i>ad litem</i>, through community colleges and or technical schools, for the purpose of creating an educational pathway into a career in child welfare. Research should include how such a program would fit into the current child welfare system and how it may impact funding.</p>	<p>No relevant considerations.</p>

Topic 2. Funding and Accessibility

2020 Kansas Criminal Justice Reform Commission	Governor's Behavioral Health Services Planning Council Subcommittees (<i>Draft Recommendations</i>)	Governor's Commission on Racial Equity and Justice December 2020 Initial Report	2020 Special Committee on Foster Care Oversight	2020 Robert G. (Bob) Bethell Joint Committee on Home and Community Based Services and KanCare Oversight
Legislative/Other Authority Recommendation 10. Mental Health Services: Consider making access to local and regional community mental health services a legislative priority.	Prevention Subcommittee Recommendation 2.4: Work to secure sustainable resources for initiatives that improve access to behavioral healthcare to support an environment that is amenable to prevention such as 988 and CCBHCs.	Behavioral Health Recommendation 1: Expand Medicaid to provide mental health and other health care coverage to populations currently not covered	No relevant considerations.	No relevant considerations.

Topic 3. Community Engagement

2020 Kansas Criminal Justice Reform Commission	Governor's Behavioral Health Services Planning Council Subcommittees (<i>Draft Recommendations</i>)	Governor's Commission on Racial Equity and Justice December 2020 Initial Report	2020 Special Committee on Foster Care Oversight	2020 Robert G. (Bob) Bethell Joint Committee on Home and Community Based Services and KanCare Oversight
No relevant recommendations.	No relevant recommendations.	No relevant recommendations.	No relevant recommendations.	No relevant considerations.

Work Group 2: Policy and Treatment

Topic 4. Prevention and Education

2020 Kansas Criminal Justice Reform Commission	Governor's Behavioral Health Services Planning Council Subcommittees (<i>Draft Recommendations</i>)	Governor's Commission on Racial Equity and Justice December 2020 Initial Report	2020 Special Committee on Foster Care Oversight	2020 Robert G. (Bob) Bethell Joint Committee on Home and Community Based Services and KanCare Oversight
No relevant considerations.	<p>Children's Subcommittee Recommendation 2.1: Public education campaign about the effects of isolation and loneliness, including the brain science behind it.</p> <p>Children's Subcommittee Recommendation 2.2: Equip educators, school districts, and early childhood professionals to participate in preventative, family supportive strategies to intervene in child maltreatment and not just reporters of child maltreatment. The State should support and fund efforts to equip teachers with the knowledge, tools, and resources they need.</p> <p>Children's Subcommittee Recommendation 2.3: Support and expand peer groups and the connection they provide in mitigating the effects of isolation. We heard several examples of how peer groups were effective in combatting isolation during the pandemic.</p> <p>Children's Subcommittee Recommendation 2.4: Promote and invest in peer support and/or other locally driven communities and support groups where people take care of each other.</p>	No relevant considerations.	No relevant considerations.	No relevant considerations.

Topic 4. Prevention and Education (Continued)

2020 Kansas Criminal Justice Reform Commission	Governor's Behavioral Health Services Planning Council Subcommittees (<i>Draft Recommendations</i>)	Governor's Commission on Racial Equity and Justice December 2020 Initial Report	2020 Special Committee on Foster Care Oversight	2020 Robert G. (Bob) Bethell Joint Committee on Home and Community Based Services and KanCare Oversight
	<p>Children's Subcommittee Recommendation 2.5: Consolidate COVID response and resource information in a central location where people can easily find it.</p> <p>Prevention Subcommittee Recommendation 2.1: Support expansion of SBIRT utilization to youth populations (grades 6-12) to increase early detection of substance misuse and provide greater opportunity for substance use related education.</p> <p>Prevention Subcommittee Recommendation 2.3: Provide leadership and support to regional and local partners by securing and distributing a suicide prevention awareness campaign materials/ toolkit.</p> <p>Prevention Subcommittee KDADS Recommendation 2: Expand approved providers for SBIRT by changing the language to include community health workers and other health education providers.</p>			

Topic 5. Treatment and Recovery

<p>2020 Kansas Criminal Justice Reform Commission</p>	<p>Governor's Behavioral Health Services Planning Council Subcommittees (<i>Draft Recommendations</i>)</p>	<p>Governor's Commission on Racial Equity and Justice December 2020 Initial Report</p>	<p>2020 Special Committee on Foster Care Oversight</p>	<p>2020 Robert G. (Bob) Bethell Joint Committee on Home and Community Based Services and KanCare Oversight</p>
<p>Legislative Recommendation 1. SB 123 and Diversion: Adopt legislation that includes the provisions of 2020 HB 2708, relating to drug abuse treatment for people on diversion.</p> <p>Legislative Recommendation 12. Pretrial Substance Abuse Treatment: Adopt legislation that includes the provision of 2020 HB 2708, concerning the implementation of pretrial substance abuse programs.</p> <p>Legislative/Other Authority Recommendation 8. Substance Abuse Treatment Center (KDOC): Consider authorizing funding and authority for a substance abuse treatment center within the correctional facility system, including funding and authority to build a substance abuse treatment center to provide 240 additional male beds for treatment; and funding and authority to allow the KDOC to continue repurposing and renovating an existing building to provide approximately 200-250 male beds for treatment.</p>	<p>Children's Subcommittee Recommendation 2.8: Support and/or fund ways for providers to meaningfully engage with parents.</p>	<p>No relevant considerations.</p>	<p>No relevant considerations.</p>	<p>No relevant considerations.</p>

Topic 6. Special Populations

2020 Kansas Criminal Justice Reform Commission	Governor's Behavioral Health Services Planning Council Subcommittees (<i>Draft Recommendations</i>)	Governor's Commission on Racial Equity and Justice December 2020 Initial Report	2020 Special Committee on Foster Care Oversight	2020 Robert G. (Bob) Bethell Joint Committee on Home and Community Based Services and KanCare Oversight
No relevant recommendations.	<p>CAODA Recommendation 3: Expand prevention efforts for all adolescents by implementing pilot SBIRT programs.</p> <p>Children's Subcommittee Recommendation 2.9: Support and/or fund expanded treatment for very young children.</p> <p>Rural and Frontier Subcommittee Recommendation 2: Include rural and frontier representatives on all State behavioral health initiatives (e.g., Mental Health Modernization, 988 Coalition, Mobile Crisis Initiatives, etc.).</p> <p>Rural and Frontier Subcommittee Recommendation 4: Dedicate resources to strengthen the continuum of care in rural and frontier areas by increasing the number of available crisis beds for the non-insured and/or underinsured to fill the gap in the western half of the state.</p>	<p>Behavioral Health Recommendation 2: Support policies and enrollment efforts to reduce uninsurance rates of children as an evidence-based strategy to reduce involvement with the criminal justice system.</p>	No relevant recommendations.	No relevant recommendations.

Work Group 3: System Capacity and Transformation

Topic 7. Data Systems

2020 Kansas Criminal Justice Reform Commission	Governor's Behavioral Health Services Planning Council Subcommittees (<i>Draft Recommendations</i>)	Governor's Commission on Racial Equity and Justice December 2020 Initial Report	2020 Special Committee on Foster Care Oversight	2020 Robert G. (Bob) Bethell Joint Committee on Home and Community Based Services and KanCare Oversight
No relevant recommendations.	<p>CAODA Recommendation 4: Collect data and change committee representation to address Substance Use Health Disparities and Equity.</p> <p>Children's Subcommittee Recommendation 3.1: All state agencies should prioritize improved data systems to collect and report on service data reported with racial disparities [in behavioral health] and equity in mind; support providers in providing data into those new data systems; and engage stakeholders, especially trusted local community leaders, providers and families, in building data systems.</p>	No relevant recommendations.	No relevant recommendations.	No relevant recommendations.

Topic 8. Interaction with the Legal System and Law Enforcement				
2020 Kansas Criminal Justice Reform Commission	Governor's Behavioral Health Services Planning Council Subcommittees (<i>Draft Recommendations</i>)	Governor's Commission on Racial Equity and Justice December 2020 Initial Report	2020 Special Committee on Foster Care Oversight	2020 Robert G. (Bob) Bethell Joint Committee on Home and Community Based Services and KanCare Oversight
<p>Legislative/Other Authority Recommendation 15. Liaisons: Consider creation of a behavioral health liaison position within local jails and a corrections liaison position within each CMHC, with consideration given to funding pilot programs initially.</p> <p>Legislative/Other Authority Recommendation 17. On-site Behavioral Services: Consider establishing on-site behavioral health services in jails, with consideration given to funding pilot programs initially.</p>	<p>JIYA Subcommittee Immediate Recommendation 2: Support development and implementation for Behavioral Health Jail Liaison positions in all CMHCs.</p> <p>JIYA Subcommittee Immediate Recommendation 3: Support the role of peer support in the arenas of behavioral health and criminal justice, such as peer support services within correctional settings.</p> <p>JIYA Subcommittee Longer-Term Recommendation 1: Support behavioral health and juvenile and adult criminal justice system collaborations (per CCBHC standards).</p>	<p>Behavioral Health Recommendation 4: Increase use of Mental Health First Aid Training, Crisis Intervention Training, and other behavioral health trainings for new and existing officers.</p> <p>Behavioral Health Recommendation 3: Support and finance the use of mobile crisis response models, including co-responder and virtual co-responder models to assist law enforcement in responding to behavioral health calls and stops.</p>	No relevant recommendations.	No relevant recommendations.

Topic 8. Interaction with the Legal System and Law Enforcement (Continued)

2020 Kansas Criminal Justice Reform Commission	Governor's Behavioral Health Services Planning Council Subcommittees (<i>Draft Recommendations</i>)	Governor's Commission on Racial Equity and Justice December 2020 Initial Report	2020 Special Committee on Foster Care Oversight	2020 Robert G. (Bob) Bethell Joint Committee on Home and Community Based Services and KanCare Oversight
	<p>JIYA Subcommittee Longer-Term Recommendation 2: Support the study, and implementation of, best practices where the public behavioral healthcare system and the criminal justice system intersect, keeping in mind the principle of “scalability” of programming/services adaptable to frontier, rural, and urban regions/counties.</p> <p>JIYA Subcommittee Longer-Term Recommendation 4: Support discussion on planning for, and implementation of, specialty courts (mental health courts and drug courts).</p>			

Topic 9. System Transformations

2020 Kansas Criminal Justice Reform Commission	Governor's Behavioral Health Services Planning Council Subcommittees (<i>Draft Recommendations</i>)	Governor's Commission on Racial Equity and Justice December 2020 Initial Report	2020 Special Committee on Foster Care Oversight	2020 Robert G. (Bob) Bethell Joint Committee on Home and Community Based Services and KanCare Oversight
No relevant recommendations.	<p>CAODA Recommendation 1: Eliminate behavioral health deserts by increasing the number and distribution of Crisis Stabilization Centers.</p> <p>Children's Subcommittee Recommendation 2.6: Medicaid Expansion would address many of the safety net issues.</p> <p>Children's Subcommittee Recommendation 3.2: Hire a dedicated position to coordinate and provide accountability [on racial disparities in behavioral health].</p> <p>Housing and Homelessness Subcommittee Recommendation 4: KDADS should continue to support the funding of Supported Housing Funds to assist those experiencing SPMI, SMI, and /or SMI with co-occurring disorder, or youth who have an SED aged 18-21, in obtaining or maintaining housing in the community as they are integral to the work being done by the housing specialists.</p> <p>JIYA Subcommittee Recommendation 1: Support the implementation and funding for 988.</p>	No relevant recommendations.	No relevant recommendations.	<p>Bethell Recommendation: The Committee recommends the Legislature work on integrated care and coordinating general and behavioral health, which includes mental health, substance abuse, and primary care.</p>

Subgroup: Telehealth

Topic 10. Telehealth

2020 Kansas Criminal Justice Reform Commission	Governor's Behavioral Health Services Planning Council Subcommittees (<i>Draft Recommendations</i>)	Governor's Commission on Racial Equity and Justice December 2020 Initial Report	2020 Special Committee on Foster Care Oversight	2020 Robert G. (Bob) Bethell Joint Committee on Home and Community Based Services and KanCare Oversight
No relevant recommendations.	<p>Children's Subcommittee Recommendation 1.1: Support investments in digital infrastructure to increase access to telehealth.</p> <p>Children's Subcommittee Recommendation 1.2: Support providers in the provisions of telehealth with specific populations, situations, and appropriate use within the continuum of care, including to youth in crisis or awaiting placement.</p> <p>Children's Subcommittee Recommendation 1.3: Ensure inclusive and equitable access to telehealth services, irrespective of provider codes, sites, or diagnosis.</p>	No relevant recommendations.	<p>FCO Recommendation: The Committee recommends support for legislation to codify and continue reimbursement for health services, including mental health services, delivered through televideo and telephone.</p>	No relevant recommendations.

**2020 Special Committee on Kansas Mental Health Modernization and Reform:
Status of Recommendations**

Status	Recommendation Title	Recommendation	Action Lead Agency (Key Collaborators)	Lead Agency Response	Key Collaborator Response
Workforce Recommendations					
Completed	1.1 Clinical Supervision Hours	Where applicable, reduce the number of clinical supervisions 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.	BSRB (Legislature, KDADS)	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.	
In Progress	1.2 Access to Psychiatry Services	Require a study to be conducted by KDHE with an educational institution[s], to explore strategies to increase the number of psychiatrists, child and adolescent psychiatrists, and psychiatric nurses.	KDHE (Educational Institution)	KDHE: KDHE is exploring whether such a study can be funded within existing appropriations and implemented through existing Division of Public Health contracts.	

Status	Recommendation Title	Recommendation	Action Lead Agency (Key Collaborators)	Lead Agency Response	Key Collaborator Response
Workforce Recommendations (Continued)					
In Progress	1.3 Provider MAT Training	Increase capacity and access to MAT in Kansas through provider training on MAT.	KDADS (KDHE, KDOC)	KDADS: MAT training and expansion is a continuing effort. So far, KDADS has been successful in creating opportunities for training and has added MAT services to the available services for SUD providers covering the uninsured and for Medicaid, expansion of take home options under COVID-19, and is currently working on expanding workforce options and mobile options for MAT, as well as policy requiring MAT options in PRTF for SUD patients. Ease of implementation score is 5.	KDOC: KDOC has implemented MAT in facilities beginning September 2021, in a partnership with the RADACs and our medical provider, Centurion. Training has been rolled out for staff on the MAT programs. The RADACs work with community providers for post-release follow up. KDHE: KDHE and KDADS worked with KDOC on a technical assistance project sponsored by the National Governors Association on MAT for the justice-involved population.
In Progress	1.4 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: develop a career ladder for clinicians, such as through the development of an associate's-level practitioner role; and take action to increase workforce diversity, including diversity related to race/ethnicity and LGBTQ identity, and the ability to work with those with limited English proficiency.	KDADS (KDHE, BSRB, Legislature, providers, clinics, educational institutions)	KDADS: KDADS is planning to use ARPA funding for workforce investments in the short term, however the long-term investment plan still needs to be discussed with the legislature and stakeholders to determine the level of investment needed and available. Ease of implementation score is 1.	BSRB: Funding for the BSRB is from receipt of license fees for mental health practitioners and the agency receives no funding from the State General Fund. Expenditures for the agency are limited to the agency's two programs: licensing of practitioners and investigation and discipline of those individuals. The Board is primarily charged as a public protection agency, however the Board understands that part of protecting the public is ensuring there is an adequate number of practitioners to provide services. The BSRB oversees seven disciplines of practitioners, and most disciplines have a tiered level of licensure (such as a bachelor level social work license, a master's level social work license, and a clinical level social work license). The BSRB previously licensed social workers at an associate level, and still continues to renew licenses for eight such licensees, however the agency has not licensed individuals at an associate level during the last 20 years. Concerning the topic of workforce diversity, the Board and the seven advisory committees for the Board, have been discussing whether to change continuing education hours to require hours in diversity, equity, and inclusion. The Board will be discussing the Special Committee's recommendations in more detail at the Board's Annual Planning Meeting on Monday, September 27, 2021.

Status	Recommendation Title	Recommendation	Action Lead Agency (Key Collaborators)	Lead Agency Response	Key Collaborator Response
Workforce Recommendations (Continued)					
In Progress	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.	KDADS (KDHE, Legislature)	KDADS: KDADS issued a Family Engagement RFP for FY 22 but was unable to make an award due to a significant variance in the bidder's cost to implement and the available funding. KDADS applied this past spring for a Federal Systems of Care grant to fund additional family engagement, but was not awarded the grant. KDADS is working on SPAs for family engagement with KDHE for Medicaid recipients. Ease of implementation score 5.	
Funding and Accessibility Recommendations					
In Progress	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 CCBHC model.	KDHE (KDADS, Providers)	KDHE: This project is well underway. Since July, KDHE, KDADS, and the CMHCs have been meeting weekly with various consultants to move the project forward. We have an ambitious timeline by which to complete necessary steps.	KDADS: KDADS is working with KDHE to complete the state plan amendment necessary for CCBHCs. Submission is expected to CMS by January. Ease of implementation score is 5.

Status	Recommendation Title	Recommendation	Action Lead Agency (Key Collaborators)	Lead Agency Response	Key Collaborator Response
Funding and Accessibility Recommendations (Continued)					
In Progress	2.2 Addressing Inpatient Capacity	Implement and fund a comprehensive plan to address voluntary and involuntary hospital inpatient capacity needs while providing all levels of care across all settings.	KDADS (Legislature)	KDADS: KDADS has worked over the last year to implement a new provider type called State Institutional Alternatives (SIAs) to provide acute inpatient mental health treatment in community hospitals as an alternative to State hospital stays. The provider type allows community hospitals to admit patients in mental health crisis that meet the screening criteria for a State hospital level of care and receive a daily rate for those patients. The first 3 SIA hospitals began accepting patients on August 30 and three additional hospitals will start as SIAs on September 27. Construction for 12 additional certified beds at OSH in the Biddle Building is scheduled to begin in November 2021. The plans for the remodel are under review by Facilities Management in preparation for release to construction companies for bid. The additional licensed bed space needed to temporarily move patients before the Biddle construction starts is completed, except for a delay obtaining doors to complete the space. Ease of implementation score is 4.	
In Progress	2.3 Reimbursement Rate Increase and Review	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 structures for behavioral health services for both the uninsured and the Medicaid population.	Legislature (KDADS, KDHE, CMHCs)	Legislature: The SPARK Task Force added \$12.5 million to supplement existing grants to behavioral health providers for costs incurred while responding the COVID-19 and to support the transition to telemedicine. The funding additionally supports mental health and substance use disorder treatment related to secondary impacts of COVID-19, focusing on uninsured and low-income populations.	KDHE: The CCBHC model, once fully implemented, will increase Medicaid payments to CMHCs by \$40-\$70 million per year.

Status	Recommendation Title	Recommendation	Action Lead Agency (Key Collaborators)	Lead Agency Response	Key Collaborator Response
Funding and Accessibility Recommendations (Continued)					
In Progress	2.4 Suicide Prevention	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.	KDADS (Legislature, local efforts)	KDADS: KDADS submitted a budget enhancement and supported legislation that would have provided funding for suicide prevention infrastructure for FY 22. The enhancement was not funded and the bill remains in committee. Funding is a barrier to progress. Despite not receiving new additional funding KDADS reallocated resources to create a position within BHS that will be a Full-time State Suicide Prevention Coordinator. Additionally through continued joint efforts, KDADS and State agency partners (KDHE, OAG) successfully completed the launch of the Kansas Suicide Prevention Coalition this month, which will connect and support local efforts. KDADS also invested in suicide prevention training and worked with partners at KDHE on Zero Suicide initiatives. Additionally, the GBHSPC completed and posted the new five-year State suicide prevention plan. KDADS continued its focus on SMVF populations by establishing a Governor'sChallenge Extension program in the Flint Hills Region around Manhattan. Additional State funding is still needed to implement the plan and support local programming. Ease of implementation score is 8.	
In Progress	2.5 Problem Gambling and Other Addictions Fund	Recommend the State continue to incrementally increase the proportion of money in the PGOAF that is applied to treatment over the next several years until the full funding is being applied as intended.	Legislature (Providers, KDADS)	Legislature: The Legislature added \$250,000, all from the PGOAF, for SUD grants for FY 22.	KDADS: KDADS provided information to KLRD and several committees on PGOAF funds during the Session.

Status	Recommendation Title	Recommendation	Action Lead Agency (Key Collaborators)	Lead Agency Response	Key Collaborator Response
Community Engagement Recommendations					
In Progress	3.1 Crisis Intervention Centers	Utilize State funds to support the expansion of Crisis Intervention Centers, as defined by state statute, around the state.	KDADS (KDHE, Legislature)	KDADS: KDADS continues to work with CMHCs to expand crisis services. The CIC regulations have been drafted and currently being prepared for submission by our legal team. KDADS has utilized increases in revenue from the Lottery vending machines to expand current programming and there is a new set aside in the MHBG for crisis services that was added this year. CCBHCs will help provide additional revenue through KanCare for crisis services. KDADS also supported a bill last session that would have expanded funding for crisis services but that bill remains in committee. Additional State funding would expedite the expansion. Ease of Implementation score is 7.	
In Progress	3.2 IPS Community Engagement	Increase engagement of stakeholders, consumers, families, and employers through KDHE or KDADS by requiring agencies implementing the IPS program, an evidence-based supported employment program, to create opportunities for assertive outreach and engagement for consumers and families.	KDHE, KDADS (Legislature)	KDHE: KDHE administers the STEPS program, which incorporates IPS principles. Individuals with qualifying behavioral health diagnoses (<i>i.e.</i> schizophrenia, PTSD) may qualify for STEPS. STEPS includes the following IPS principles: it aims to get participants into competitive employment; it is open to all eligible individuals who want to work; it tries to find jobs consistent with individual preferences; it works quickly; employment specialists develop relationships with employers; it provides time-unlimited, individualized support for the person and their employer; and benefits counseling is included. KDADS: KDADS included IPS in the NFMH pre-litigation settlement practice improvements and is in the process of hiring staff to provide IPS quality assurance and fidelity review. KDADS has established regular meetings with DCF's VocRehab team and an interagency Employment First team. KDADS is reengaging with IPS experts at the national level for technical assistance and plans to include IPS in services offered by CCBHCs. KDADS continues to work with GBHSPC. Ease of implementation score is 5.	KDADS: KDADS has participated in KDHE's steering meetings during the implementation of the KanCare STEPS supported employment project.

Status	Recommendation Title	Recommendation	Action Lead Agency (Key Collaborators)	Lead Agency Response	Key Collaborator Response
Community Engagement Recommendations (Continued)					
In Progress	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 SED youth.	DCF (KDADS)	<p>DCF: DCF investments include activities such as Family Crisis Response and Support Mobile Response statewide and creating the Caregiver's Guide to Psychotropic Medications in collaboration with KDADS. In addition, approaches such as TBRI are being implemented by some case management agencies in parts of the state. DCF contract funding supports CAK recruitment and retention contracts who administer a robust menu of web-based and other opportunities for training topics such as Understanding and Managing Aggressive Behaviors, Cognitive Behavioral Interventions, De-escalation Techniques; Nonviolent Crisis Intervention; Safe Crisis Management; Behavior and Crisis Management and more. CAK implemented a new curriculum: CORE TEEN – a 14-hour curriculum designed for families who support older youth from the child welfare system who have moderate to severe emotional and behavioral challenges to and decrease placement disruption. In SFY 21, DCF increased funding for supplemental training on behavioral health needs by \$467,145.60 using federal adoption and legal guardianship incentive funds for a new contract with CAK to innovate supports for relative caregivers. This contract continues to develop right-time, on-demand trainings with focus on supporting youth with behavioral health care needs. These "online, on-demand" trainings can be modified to become accessible for foster and adoptive caregivers as well.</p>	

Status	Recommendation Title	Recommendation	Action Lead Agency (Key Collaborators)	Lead Agency Response	Key Collaborator Response
Community Engagement Recommendations (Continued)					
In Progress	3.4 Community-Based Liaison	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 SUD and co-occurring conditions.	KDADS (KDOC, CMHCs, Legislature)	KDADS: KDADS has included jail liaisons in the CMHC participating agreements and worked with KDOC on re-entry issues through TA opportunities through CSG. The Stepping Up TA Center is operational with block grant funding and both the center and KDADS have been involved in helping the Chief Justice plan a Behavioral Health Summit to further support local communities. Additional State funding would be beneficial. Ease of implementation score is 6.	KDOC: KDOC funds a liaison at COMCARE and some part time services at Valeo (Shawnee County), Wyandotte and Johnson County CMHCs. We remain supportive of this model in all CMHCs, however it will require Legislative action to provide funding.
Prevention and Education Recommendations					
In Progress	4.1 988 Suicide Prevention Lifeline Funding	Once the 988 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.	KDADS (Crisis centers, CMHCs, Legislature)	KDADS: KDADS supported legislation to this effect last session, that legislation remains in committee. \$3 million in SGF funding was provided to KDADS to provide grants to the 988 call centers. Those grants have been awarded to KSPHQ, ComCare, and Johnson County CMHC. 988 planning is nearing completion and a draft of the implementation plan should be available soon. No federal funding for 988 has been provided. Ease of implementation score is 5.	
In Progress	4.2 Early Intervention	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.	KDHE, KDADS (DCF, MCOs)	KDHE: The recommendation to add language to the Medicaid State Plan to expressly cover these services is under review. Implementing this recommendation would likely have a fiscal impact. KDADS: KDADS is continuing to research the fiscal impact and feasibility of this recommendation during KanCare 2.0 with regards to budget neutrality. KDADS may ultimately consider a recommendation to try and achieve this as part of KanCare 3.0 Ease of implementation score is 3.	DCF: DCF is part of the statewide early childhood director's group and collaborates on projects in early care including home visiting programs and pre-school development. DCF's budget supports through TANF, Family First and State funds grant dollars to evidenced based parent skill building programs Healthy Families America and Parents as Teachers. We will continue to support KDHE in any state plan adjustments to cover services or supports for early childhood age groups.

Status	Recommendation Title	Recommendation	Action Lead Agency (Key Collaborators)	Lead Agency Response	Key Collaborator Response
Prevention and Education Recommendations (Continued)					
Completed	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.	Office of the Governor (KDADS, KDHE, KSDE)	Office of the Governor: KDADS Secretary Laura Howard has been designated the centralized authority.	KSDE: KSDE agrees that policy development and implementation would benefit with a centralized coordinator. KDADS: Completed - Secretary Laura Howard has been designated as the centralized authority
In Progress	4.4 Behavioral Health Prevention	Increase state funds for behavioral health prevention efforts (e.g., SUD, prevention, suicide prevention).	KDADS (KDHE, Legislature, providers)	KDADS: KDADS supported legislation to this effect last session; that legislation remains in committee. KDADS was successful in applying for additional federal grant funds to support prescription misuse, but has not received any additional state funding at this time. KDADS did reallocate agency funding to fill the State Suicide Prevention Coordinator position. KDADS did review its state plan for the SABG to consider reallocating treatment dollars to prevention. Ease of implementation score is 5.	KSDE: Funded headcount for PRTF, JDC, and Flint Hills Job Corp declined in 2020-21 from 491.4 to 450.6. COVID-19 was a likely factor in the decline.
Treatment and Recovery Recommendations					
In Progress	5.1 Psychiatric Residential Treatment Facilities	Monitor ongoing work to improve care delivery and expand capacity at PRTFs 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.	KDADS (KSDE, KDHE, CMHCs, MCOs)	KDADS: KDADS continues to monitor progress on PRTF waitlists weekly. Currently, Kansas has more licensed PRTF beds that are unstaffed due to workforce issues than it has children on the waitlists. \$1 million was added to the KDADS budget to support the piloting of the NRI study recommendations at EmberHope. EmberHope has completed its licensing requirements and its grant award is being finalized. They will begin serving children in October. Ease of implementation score is 7.	
Completed	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.	KDADS (KDHE, DCF, providers, private insurers)	KDADS: KDADS has explored options and did expand MAT in Block Grant services. Ease of implementation score is 5.	DCF: DCF does not manage for expansion any MAT programs specifically; however, it collaborates with KDHE and KDADS around common programs and goals.

Status	Recommendation Title	Recommendation	Action Lead Agency (Key Collaborators)	Lead Agency Response	Key Collaborator Response
Treatment and Recovery Recommendations (Continued)					
In Progress	5.3 Frontline Capacity	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.	KDHE (Private insurers, providers, KDADS)	KDHE: KDHE's ARPA Section 9817 spending plan includes funding to commission a training to help improve service access and quality for HCBS individuals. This would include those with a behavioral health diagnosis. The spending plan is currently pending CMS approval.	
In Progress	5.4 Housing	Expand and advance the Supported Housing program and the SOAR program, including additional training regarding youth benefits	KDADS (Homelessness Subcommittee of Governor's Behavioral Health Services Planning Council, ACMHC, Association of Addiction Professionals, KDHE)	KDADS: KDADS was successful in receiving a requested budget enhancement to expand Supported Housing and hire a Housing First position. The funds granted have been awarded to Douglas County as seed money in FY 22 to launch their Housing First team and KDADS continues to look at how ARPA funds can be used to further expand Supported Housing. Kansas is also now one of the leading states in the SOAR program and we continue to look at how we can expand SOAR services to youth, including the creation of a position in BHS to support that effort. Ease of implementation score is 8.	
Special Populations Recommendations					
Completed	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.	DCF (KDADS, KDHE, community-based organizations, providers)	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.	

Status	Recommendation Title	Recommendation	Action Lead Agency (Key Collaborators)	Lead Agency Response	Key Collaborator Response
Special Populations Recommendations (Continued)					
In Progress	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.	KDADS (DCF, KDHE)	KDADS: KDADS is close to completing this recommendation; grant funding ran out before the project could be fully completed. KDADS is working to try to identify additional funding sources to complete the project. An SPA is being developed along with an accompanied KanCare policy. Funding is the main barrier at this point. Ease of implementation score is 5.	DCF: DCF collaborates with KDADS in several workgroups and service coordination areas and will continue to support KDADS in any way we can to increase access to the parent peer support service.
Completed	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.	DCF (KDADS, KDOC, KDHE)	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.	
In Progress	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.	KDADS (DCF, KDHE)	KDADS: To implement the recommendation of the committee, additional investments would be necessary to fund an additional 4,500 individuals that are currently on the waitlist. As part of the 10 percent FMAP bump, we have proposed a study of the waitlist to determine which services and at what level of utilization the individuals waiting require and those findings will help inform the amount of funding needed. Further, appropriations would be needed to expand the services offered on the I/DD waiver. The cost would be dependent on the specific services desired to be added to the waiver and the estimated utilization of the services. Finally, there would be a fiscal note associated with any increase in reimbursement rate for I/DD waiver services.	DCF: DCF will continue to support KDADS and the all efforts including waiver services through workgroups and participation in the recent Autism Task Team. Legislature: The 2021 Legislature added \$5.5 million, including \$2.0 million SGF, in FY 2021 and \$31.0 million, including \$12.4 million SGF, for FY 22 to provide an increase in the provider reimbursement rates for the I/DD waiver. This includes a 5.0 percent increase for the final three months of FY 21 and an additional 2.0 percent for FY 22.

Status	Recommendation Title	Recommendation	Action Lead Agency (Key Collaborators)	Lead Agency Response	Key Collaborator Response
Special Populations Recommendations (Continued)					
In Progress	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.	KDADS (DCF, KDHE)	KDADS: While KDADS is supportive of this recommendation and continues to license and designate facilities as they are opened, KDADS has not yet sought additional funding to incentivize providers to open these types of facilities. Ease of implementation score is 5.	DCF: DCF will continue to support KDADS efforts to expand capacity and promote the expansion and access with populations we serve who might have a need for the service.
Data Systems Recommendations					
In Progress	7.1 State Hospital EHR	The new state 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.	KDADS (EHR vendor, KDHE)	KDADS: KDADS and the State hospitals are in the procurement process to purchase an EHR system. We are in the final stages of reviewing proposals and expect to make an award by December 2021. Interoperability is a key expectation in the request for proposals including data sharing among the hospitals and community partners. Ease of Implementation Score 9	
In Progress	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 KCTC and YRBS surveys from an opt-in consent to an informed opt-out consent, to allow for meaningful data collection.	Legislature (KDADS, KDHE)	Legislature: 2021 SB 139 and HB 2159, which would permit the administration of certain tests, questionnaires, surveys, and examinations regarding student beliefs and practices on an opt-out basis, are both in committee.	KSDE: KSDE agrees with recommendations from the School Mental Health Advisory Council and the Blue Ribbon Panel on Bullying that making the KCTC and YRBS informed opt-out would be beneficial for data collection.
In Progress	7.3 Information Sharing	Utilize Medicaid funds to incentivize participation in HIEs (e.g. KHIN or LACIE). Explore health information exchanges as an information source on demographic characteristics, such as primary language and geography for crossover youth and other high priority populations.	KDHE (KHIN, Providers)	KDHE: KDHE is studying this recommendation as it pertains to using Medicaid funds to incentivize participation in HIEs.	

Status	Recommendation Title	Recommendation	Action Lead Agency (Key Collaborators)	Lead Agency Response	Key Collaborator Response
Data Systems Recommendations (Continued)					
In Progress	7.4 Needs Assessment	Conduct a statewide needs assessment to identify gaps in funding, access SUD treatment providers and specific policies to effectively utilize, integrate and expand SUD treatment resources.	KDADS (KDHE)	KDADS: KDADS has been exploring what resources will be needed to conduct a statewide needs assessment specific to SUD services. At this time KDADS has not yet made a funding request for this recommendation. Ease of implementation score is 7.	
In Progress	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.	KDADS (KDHE, DCF, KDOC, KSDE)	KDADS: KDADS is working with key collaborators on TA projects with federal TA providers that include data sharing policies and MOU development around a variety of subject areas. Continued collaboration is moving towards formalization of these agreements. A primary example being the PDMP (K-TRACS) and agreements between KDADS and Board of Pharmacy to utilize data for reporting purposes. Ease of implementation score is 6.	<p>KDOC: KDOC has no additional content to submit on this item.</p> <p>KSDE: DCF provides a daily file to KSDE listing the children in foster care. KSDE and DCF also collaborate to create the Foster Child Report Card. DCF also assists with background checks on applicants for teaching licenses. KDHE and KSDE have worked closely with weekly Zoom meetings throughout much of the pandemic. KDHE is facilitating grant funds and programming to assist schools with COVID-19 testing to allow more students to stay in school.</p> <p>DCF: DCF has data sharing agreements with KDHE and access to management or ad hoc reports on various service codes or trends. For example, DCF can request management information on crisis code or psychotropic medication utilization. For over 10 years, KDOC-Juvenile Services and DCF have conducted data analysis of cross-agency data to understand overlap between the foster care population and KDOC service use of Juvenile Intake and Assessment, Intensive Supervision and Juvenile Correctional Facility custody.</p> <p>KDHE: KDHE intends to pursue legislation to allow the agency to report the state's compliance with the SUPPORT Act beginning in 2022. The SUPPORT Act will require Medicaid prescribers to check K-TRACS before prescribing a controlled substance to a Medicaid beneficiary. KDHE would need a statutory change to access K-TRACS data to monitor prescribers' compliance with that requirement.</p>

Status	Recommendation Title	Recommendation	Action Lead Agency (Key Collaborators)	Lead Agency Response	Key Collaborator Response
Interactions with Legal System and Law Enforcement					
In Progress	8.1 Correctional Employees	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.	KDADS (KDOC, local law enforcement agencies)	KDADS: KDADS and KDOC worked on a TA project this past year and made some changes to how inmates are screened for SUD upon intake. This helps identify the needs of the inmate and puts them on a path for treatment and recovery upon release. KDADS is continuing to provide CIT and LEO training on behavioral health. This is an ongoing effort to expand training and more expansion is still needed. Ease of implementation score is 8.	KDOC: KDOC has delivered a training to all staff on substance abuse and evidence-based practices, which included contextual data on the prevalence within our population. We have updated this lesson plan with information about what was going on with use in the facilities, and how staff could all help detect and prevent.
In Progress	8.2 Criminal Justice Reform Commission Recommendations	Implement recommendations developed by the CJRC related to specialty courts (e.g., drug courts) and develop a process for regular reporting on implementation status and outcomes.	Legislature (KDADS, KDOC)	Legislature: 2021 HB 2077 amended law related to the Kansas Criminal Justice Reform Commission by removing statutory study requirements relating to specialty courts, evidence-based programming, specialty correctional facilities, and information management data systems.	KDOC: The KDOC Secretary and other key KDOC staff continue to be regular contributors to the discussions of the CJRC. KDADS: KDADS continues to work with CSG on the Stepping Up Initiative and jail diversion programs like specialty courts and is meeting with the Sentencing Commission and participating in planning of the Chief Justice's behavioral health summit where these ideas and others are being showcased. Ease of implementation score is 5.
Completed	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 services for this population.	KDOC (KDADS, providers)	KDOC: In cooperation with the healthcare vendor Centurion, KDOC established an SUD assessment and referral system for residents entering the system effective July 1, 2021. If a resident is determined to suffer from Opioid Use Disorder, that resident is eligible for MAT. Processes are also in place among our Parole Officers who routinely make referrals to the RADACs to connect those under supervision to recovery services, programs and treatment.	

Status	Recommendation Title	Recommendation	Action Lead Agency (Key Collaborators)	Lead Agency Response	Key Collaborator Response
Interactions with Legal System and Law Enforcement (Continued)					
Completed	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.	KDOC, KDADS (DCF)	<p>KDOC: As recommended by the Joint Committee on Corrections and Juvenile Justice Oversight, KDOC has contracted with Georgetown University McCourt School of Public Policy's Center for Juvenile Justice Reform (CJJR) to implement the Cross Over Youth Model through the use of the Evidence Based Fund. There is an established Statewide Policy Team (SPT) that has defined Cross Over Youth for the State of Kansas.</p> <p>Crossover Youth: a young person age 10 or older with any level of concurrent involvement with the child welfare and juvenile justice systems. "Involvement" in the juvenile justice system includes court-ordered community supervision and IIPs. "Involvement" in the child welfare system includes out-of-home placement, an assigned investigation of alleged abuse or neglect with a young person named as the alleged perpetrator, and/or participation in voluntary/preventative services cases that are open for service.</p> <p>The multi-disciplinary collective that became the Kansas State Crossover Youth Practice Model State Policy Team in 2019 continues to hold monthly public meetings under the facilitation of the Statewide Coordinators with the support of CJJR. The team's focus continues to be on intentional interagency collaboration, the facilitation of information sharing, adaptability and accountability, and the active incorporation of youth and family voices in decisions.</p>	<p>DCF: The Kansas Crossover Youth State Policy Team has defined the population with a goal to provide inclusive services to youth and their families with emphasis on prevention and accessibility. DCF has available to any youth at risk of entering foster care evidenced based mental health services of Multisystemic Therapy and Functional Family Treatment for the older youth population. DCF expanded availability of Multisystemic Therapy, Functional Family Treatment and Parent Child Interaction Therapy through Family First Prevention service array.</p>

Status	Recommendation Title	Recommendation	Action Lead Agency (Key Collaborators)	Lead Agency Response	Key Collaborator Response
System Transformations Recommendations					
In Progress	9.1 Regional Model	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.	KDADS (Providers, Local Units of Government, Law Enforcement)	KDADS: KDADS has worked over the last year to implement a new provider type called State Institutional Alternatives to provide acute inpatient mental health treatment in community hospitals as an alternative to state hospital stays. The provider type allows community hospitals to admit patients in mental health crisis that meet the screening criteria for a state hospital level of care and receive a daily rate for those patients. The first three SIA hospitals began accepting patients on August 30 and three additional hospitals will start as SIAs on September 27. The three hospitals starting in September are in Wichita, Newton, and Arkansas City.	
In Progress	9.2 Long-Term Care Access and Reform	Reform NFMHs to allow for the provision of active treatment and necessary rehabilitative services and crisis services in NFMHs and inclusion within the continuum of care. Increase access to LTC facilities, particularly for individuals with past involvement with the criminal justice system or those with a history of sexual violence.	KDADS (KDHE)	KDADS: KDADS has developed a strategic plan to complete this recommendation as part of the NFMH prelitigation agreement. The plan calls for several practice improvements that will reform both NFMHs and community-based services in terms of how patients are assessed, screened, and provided informed choice regarding their treatment options. The actual length of time this strategic plan will take to complete is eight years but many of the practice improvements will be completed sooner. KDADS has begun reorganizing and hiring staff to work on these practice improvement areas, which also include additional concepts introduced in other MHMR recommendations. Ease of implementation score is 8.	KDHE: KDHE is in full support of the NFMH pre-litigation agreement and will work diligently to ensure the agency's obligations under the agreement are met.

Status	Recommendation Title	Recommendation	Action Lead Agency (Key Collaborators)	Lead Agency Response	Key Collaborator Response
System Transformations Recommendations (Continued)					
In Progress	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. 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.	KDADS/KDHE (Legislature, CMHCs, FQHCs, other safety net providers)	<p>KDADS: KDADS has been working with KDHE to explore opportunities to integrate care, and review current codes in KanCare. CCBHCs and Mobile Crisis will have a significant impact on this when they are fully implemented. Changes to KanCare in the upcoming KanCare 3.0 will also be a significant factor. Ease of implementation score is 6.</p> <p>KDHE: KDHE and KDADS are in the process of establishing the CCBHC system in Kansas. DCF, KDADS, and KDHE have partnered to help launch mobile crisis response services for youth, which are scheduled to go live in October 2021.</p>	
In Progress	9.4 Evidence Based Practices	Kansas should continue and expand support for use of 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.	KDADS (DCF)	<p>KDADS: KDADS has established an EBP workgroup as a subcommittee of the GBHSPC. Additionally KDADS has begun developing a quality assurance team that will have EBP fidelity reviewers for selected EBPs, and will work to implement those EBPs across the system. Specifically we will be using federal funding to support ACT, IPS, and Housing First as we implement CCBHCs and the NFMH Prelitigation Agreement. Ease of implementation score is 6.</p>	<p>DCF: DCF expanded the availability of mental health evidence-based prevention programs through Multisystemic Therapy, Functional Family Treatment and Parent Child Interaction Therapy through Family First Prevention grant service array.</p>
In Progress	9.5 Family Psychotherapy	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 PRTF.	KDHE Division of Healthcare Finance (DCF)	<p>KDHE: KDHE understands the need to add this as a covered code and is actively working on determining (1) the fiscal impact of adding this code to the array of Medicaid-covered services; (2) what SPA language would be necessary to gain CMS approval to cover the code; and (3) how this code would fit into the CCBHC PPS payment model.</p>	<p>DCF: DCF would support Medicaid covering that code.</p> <p>KDADS: KDADS is working with KDHE to complete the state plan amendment necessary for 90846 Submission is expected to CMS by January. Ease of implementation score is 10.</p>

Status	Recommendation Title	Recommendation	Action Lead Agency (Key Collaborators)	Lead Agency Response	Key Collaborator Response
Telehealth Recommendations					
In Progress	10.1 Quality Assurance	<p>Develop standards to ensure high-quality telehealth services are provided, including:</p> <ul style="list-style-type: none"> - Establishing consistent guidelines and measures for telehealth in collaboration with licensing and regulatory agencies; - Implementing standard provider education and training; - Ensuring patient privacy; - Educating patients on privacy-related issues; - Allowing telehealth supervision hours to be consistently counted toward licensure requirements; and - Allowing services to be provided flexibly when broadband access is limited. 	<p>Various (KDHE, KDADS, Providers, BSRB, private insurers, regulatory agencies)</p>		<p>BSRB: The Board, and the seven advisory committees under the Board, have had ongoing discussions and recommendations concerning the expansion of telehealth. The Board is working on establishing consistent guidelines for practitioners, in part by working with representatives from multi-state compacts for professions providing telehealth services across state lines. Additionally, the Board is in the process of reviewing and updating existing regulations, including disciplinary guidelines, as these relate to licensees performing more telehealth services. Concerning telehealth supervision hours, the Board of the BSRB requested introduction of HB 2208 during the 2021 Legislative Session, which was enacted by the Legislature. HB 2208 allowed most professions under the BSRB to attain all supervision hours over televideo. For the profession of Licensed Psychology, current regulatory language limits televideo supervision to no more than one out of every four sessions. Staff for the BSRB brought this issue to the Licensed Psychology Advisory Committee and that Committee recommended removing the limitation. The Board recently voted to make that change in regulation, so the agency is submitting regulatory language to allow all supervision by televideo for Licensed Psychologists. Concerning assisting with allowing services to be provided flexibly when broadband access is limited, to assist with supervision of practitioners seeking a clinical level license, the BSRB included language in enacted HB 2208 to allow supervision hours over telephone, under extenuating circumstances as approved by the Board. The Board will be discussing these recommendations in more detail at the Board's Annual Planning Meeting on Monday, September 27, 2021.</p> <p>KDHE: Kansas Medicaid permits the use of telephone or videoconferencing for many telehealth codes.</p>

Status	Recommendation Title	Recommendation	Action Lead Agency (Key Collaborators)	Lead Agency Response	Key Collaborator Response
Telehealth Recommendations (Continued)					
In Progress	10.2 Reimbursement Codes	Maintain reimbursement codes added during the PHE 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.	KDHE Division of Healthcare Finance (KDADS, MCOs, CMHCs)	KDHE: KDHE concurs that telehealth codes added during the pandemic should be maintained, subject to CMS allowing federal match for those codes. Regarding facility fees, KDHE is studying this recommendation. There would be a fiscal impact if this recommendation is implemented, and non-behavioral health providers would likely also seek the same treatment of facility fees for telemedicine services.	KDADS: The United States continues to be in the PHE, but KDADS does support maintaining expansion and has advocated at the federal level for that to continue.
Completed	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.	KDHE (KDADS, KDOC, DCF, local law enforcement agencies, providers)	KDHE: KMAP Bulletin Nos. 20065 and 20086 state that effective with dates of service on or after March 12, 2020, procedure codes H2011 (Crisis Intervention at the Basic Level); H2011 HK (Crisis Intervention at the Intermediate Level); and H2011 HO (Crisis Intervention at the Advanced Level) will be allowed to be reimbursed via telemedicine (both tele-video and telephone). Billing for these two codes is contingent upon KDADS approval of the individual crisis protocol utilized at a specified CMHCs. In addition, the State has submitted an SPA to allow for delivery of mobile crisis services for youth.	KDOC: KDOC has no additional content to submit on this item. DCF: On October 1, 2021 Beacon Health Options begins operations of a statewide centralized call center for crisis line that is audio using a phone line for the crisis intake and triage services. If mobile response is needed, an in-person response is not feasible, telehealth options are available for use with the mobile response service assessment. KDADS: KDADS and KDHE have included this option in their current SPA and policy codes for the mobile crisis code.
In Progress	10.4 Originating and Distant Sites	The following items should be addressed to ensure that individuals receive - and providers offer - telehealth in the most appropriate locations: - Adopt a broad definition of originating site, consistent with the Kansas Telemedicine Act; - Allow staff to provide services from homes or other non-clinical sites, if patient privacy and safety standards can be met; and - Examine issues related to providers practicing, and patients receiving, services across state lines, such as by exploring participation in interstate licensure compacts.	Legislature (KDHE, KDADS, providers)	Legislature: The Legislature enacted SB 283, which amends a provision allowing an out-of-state physician to practice telemedicine to treat Kansas patients to replace a requirement that such physician notify the State Board of Healing Arts (Board) and meet certain conditions with a requirement the physician hold a temporary emergency license granted by the Board.	
In Progress	10.5 Child Welfare System and Telehealth	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.	KDHE (KDADS, DCF)	KDHE: KDHE recognizes the value telehealth provides and has no present plans to roll back flexibilities allowed during the pandemic. However, the Kansas Medicaid program must follow CMS rules governing the allowability of telehealth in order to qualify for federal matching funds for those services.	DCF: Technology for remote contacts can be used for interactions, services, and supports between case managers and service providers with children and youth in care. CMHCs and other service providers or supports may use technology based on standards of the service or needs of the family.

**SCOPE OF WORK: Working Groups of the 2021 Special Committee on Mental Health
Modernization and Reform**

Background

The Legislative Coordinating Committee approved six days in 2021 for the Special Committee on Mental Health Modernization and Reform (Special Committee) and its roundtable members to convene to:

1. Ensure that both inpatient and outpatient services are accessible in communities;
2. Review the capacity of current behavioral health workforce;
3. Study the availability and capacity of crisis centers and substance abuse facilities;
4. Assess the impact of recent changes to State policies on the treatment of individuals with behavioral health needs; and
5. Make recommendations on steps needed to make Kansas a nationwide leader on behavioral health delivery, specifically focusing on how Kansas should modernize its behavioral health delivery system.

The Special Committee will convene three working groups to revisit recommendations from the 2020 interim, revise and update them as necessary, add new recommendations related to topics directed to them by the Special Committee, identify up to five existing, revised or new recommendations for “immediate action,” and up to five as being of “strategic importance,” using criteria developed in the roundtable discussion, and ratify reports.

KHI will facilitate the working groups, with topics to be assigned by the Special Committee:

1. Services and Workforce (tentatively including issues 1, 3, 4, 5, 6 from 2020 cycle – see attachment)
2. System Capacity and Transformation (tentatively including issues 2, 7, 8, 9 from 2020 cycle)
3. Telehealth (special topic, based on issue 10 from 2020 cycle)

The working groups will meet for 90 minutes three times each (or four for the telehealth group). One additional meeting per working group *may* be scheduled prior to the ratification meeting if necessary to complete its section of the report. The working group reports will be abbreviated, focusing on revisions and additions to the previous version of the report, which will be preserved as the foundation for the new work.

KHI Services

- Administrative Support:
 - KHI will assist with inviting experts to the working groups.
 - KHI will distribute working group meeting materials.
 - Kansas Legislative Office of Information Services (KLOIS) will set up WebEx meetings and live casts.

- KHI, with working group chairpersons, will provide an update of workgroup progress at Special Committee meetings.
- Process Facilitation Services:
 - KHI will build on the 2020 structured process to revise the strategic framework.
 - KHI will invite experts if requested by workgroup members.
 - KHI may develop and administer surveys to collect feedback as part of the facilitation process.
 - KHI may meet with workgroup chairpersons to ensure workgroup is on track and resolve any issues.
- Working Groups Report:
 - KHI will assist in the revision, layout and presentation of the updated Strategic Framework, based on the decisions of each working group.
 - KHI will deliver an electronic copy of the draft report as to the Special Committee no later than December 10, 2021.
 - KHI will prepare and present testimony, if requested, to legislative committees during the 2022 Legislative session.
- Miscellaneous Deliverables: Intermediate deliverables may be created as part of the facilitation process.

Deliverables

- Develop report by Dec. 10, 2021.
- Working group Chairperson(s) and KHI will provide updates at Special Committee meetings.
- Working group Chairperson(s) will present relevant section of the report to the Special Committee.

Structure

- Special Committee and Roundtable members will volunteer for/be assigned to each Working Group. KHI recommends no more than 15-20 members per working group.
- Special Committee will provide the charge to the working groups.
- Working group members attend meetings remotely.
- Working group members might have to provide some information via survey.
- Working group decisions are made by consensus.

Meetings

- Meetings will be held virtually via WebEx to last up to 90 minutes. See *Table 1*.
- Up to 10 working group meetings will be facilitated by KHI: three each for the Services and Workforce Working Group and the System Capacity and Transformation Working Group, and up to four for the Telehealth Working Group. One additional short meeting per working group may be scheduled if necessary to assist in report completion. All dates and times are in *Table 1*.
- KLRD will provide meeting notice to the public and WebEx information to working group members; KLOIS will schedule WebEx meetings, which will also be live cast.

Table 1. Proposed Meeting Dates and Workgroup Tasks

Meeting	Task	Date
Special Committee	KHI will facilitate discussion of working group charge and process, criteria identification for rubric and revisions, identification of barriers/facilitators for previous recommendations, deliverables	Sept. 28, 2021
Telehealth Working Group	<ul style="list-style-type: none"> • Review charge and checklist • Review previous recommendations • Hear from supplemental experts 	Oct. 13, 2021 1 p.m. (90 min.)
Services and Workforce Working Group	<ul style="list-style-type: none"> • Review charge and checklist • Review/revise previous recommendations • Identify new recommendations based on charge 	Oct. 14, 2021 10 a.m. (90 min.)
System Capacity and Transformation Working Group	<ul style="list-style-type: none"> • Review charge and checklist • Review/revise previous recommendations • Identify new recommendations based on charge 	Oct. 14, 2021 1 p.m. (90 min.)
Telehealth Working Group	<ul style="list-style-type: none"> • Revise previous recommendations • Identify new recommendations based on charge 	Oct. 20, 2021 1 p.m. (90 min.)
Special Committee	Working group reports updates to Committee on Oct. 28	Oct. 28-29, 2021
Services and Workforce Working Group	<ul style="list-style-type: none"> • Prioritize recommendations • <i>(Supplement with survey prior to meeting)</i> 	Nov. 3, 2021 1 p.m. (90 min.)
System Capacity and Transformation Working Group	<ul style="list-style-type: none"> • Prioritize recommendations • <i>(Supplement with survey prior to meeting)</i> 	Nov. 10, 2021 1 p.m. (90 min.)
Telehealth Working Group	<ul style="list-style-type: none"> • Prioritize recommendations • <i>(Supplement with survey prior to meeting)</i> 	Nov. 15, 2021 1 p.m. (90 min.)
Special Committee	Working group reports updates to Committee on Nov. 17	Nov. 17-18, 2021
All Working Groups	HOLD for potential 1-hour meetings for each working group if needed to resolve outstanding issues	Dec. 2, 2021
All Working Groups	Ratify Strategic Framework update <ul style="list-style-type: none"> • Telehealth Working Group, Services and Workforce Working Group, System Capacity and Transformation Working Group 	Dec. 6, 2021 11 a.m., 1 p.m., 2 p.m.
Special Committee	Working group members present recommendations	Dec. 10, 2021

Meeting	Task	Date
2022 Legislative Session	Working group members present report to 2022 committees upon request. (KHI available to describe the process.)	2022 Legislative Session

Note: Additional surveys may be administered between working group meetings.

Strategic Framework for Modernizing the Kansas Behavioral Health System: 2021 High-Priority Update

*Working Groups Report to the 2021 Special Committee
on Kansas Mental Health Modernization and Reform*

December 15, 2021

[**Note:** Updated to reflect recommendations approved by the Special Committee at its meeting on December 15, 2021. The 2021 Working Group edits to the previous 2020 Working Group recommendations are shown in red in this report.]

Acknowledgments

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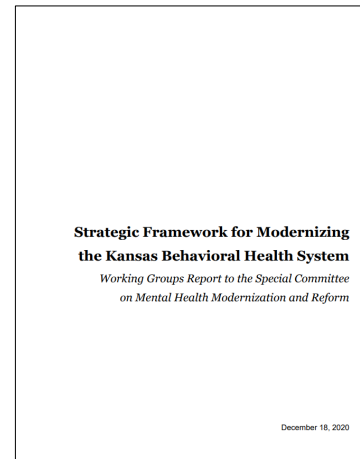
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Background/Introduction

The Legislative Coordinating Council approved six days for the 2021 Special Committee on Kansas Mental Health Modernization and Reform (Special Committee) to:

- Ensure that both inpatient and outpatient services are accessible in communities;
- Review the capacity of the current behavioral health workforce;
- Study the availability and capacity of crisis centers and substance abuse facilities;
- Assess the impact of recent changes to state policies on the treatment of individuals with behavioral health needs; and
- Make recommendations on steps needed to make Kansas a nationwide leader on behavioral health delivery, specifically focusing on how Kansas should modernize its behavioral health delivery system.



To access the 2020 report, visit <https://bit.ly/3GabNV6>

The 2021 Special Committee convened three working groups to revisit recommendations from the 2020 report, *Strategic Framework for Modernizing the Kansas Behavioral Health System*. The working groups were asked to revise, update, and add to the recommendations as necessary to address topics directed to them by the Special Committee. The three working groups convened were Services and Workforce, System Capacity and Transformation, and Telehealth.

Navigating this Report: This report should be read in concert with the [2020 Strategic Framework for Modernizing the Kansas Behavioral Health System](#). New recommendations and revisions to 2020 recommendations are noted in the 2021 report summary (page 4) and should be read with the 2020 *Strategic Framework*. Revisions to previous recommendations are noted by red underlined text.

Recommendations from 2020 considered complete are documented in *Appendix B* ([page B-1](#)).

High-priority recommendations from 2020 and 2021 are included in *Appendix D* ([page D-1](#)), designated as:

Immediate Action are those that the working groups believe can be initiated and 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.

Working Group Process

In 2020, three working groups had met to develop the bulk of the recommendations in the 2020 *Strategic Framework*, with a fourth working group convened with a subset of the other three to focus on cross-cutting issues related to tele-behavioral health.

In 2021, to review and update the recommendations, the 2021 Special Committee on Kansas Mental Health Modernization and Reform (Special Committee) considered lessons learned in the 2020 working group process and, after discussion, again convened three working groups. The Special Committee then assigned topics based on the 2020 recommendations and new areas of focus for consideration or emphasis in 2021.

- Services and Workforce:
 - Ongoing topics: Workforce, community engagement, prevention and education, treatment and recovery, and special populations
 - New topics: Trauma-informed care, social isolation, stigma and the Autism waiver
 - 2020 Recommendation 2.4 Suicide Prevention
 - Heightened focus on issues related to maternal mental health, rural populations, veterans, people of color, older adults, low-income families and health care workers
- System Capacity and Transformation:
 - Ongoing topics: Funding and accessibility, data systems, legal system and law enforcement, and system transformation
 - New topics: K-12 mental health intervention teams/behavioral health services in schools, outcomes data, specialty courts, and competency evaluation and restoration
 - 2020 Recommendation 4.1 988 Suicide Prevention Lifeline funding
- Telehealth
 - New topic: Issues related to payment parity (including for behavioral health services delivered via telehealth)

Each working group met virtually four to five times (*Figure 1*, page 3) and completed surveys between meetings used to assist in the development and prioritization of recommendations.

In addition, presentations during meetings of the Special Committee were used to gather testimony and ideas that informed the development of new and revised recommendations, including for K-12 behavioral health services, outcomes and funding; specialty courts; suicide

prevention; trauma-informed care; the behavioral health workforce; telehealth; and mobile crisis response. The Special Committee also heard updates on the work of the Autism Task Team and the Governor’s Commission on Racial Equity and Justice that were used to inform recommendations and other language in this report.

Figure 1. Working Group Process Diagram

Special Committee on Kansas Mental Health Modernization and Reform		
Workgroup #1 Services and Workforce	Workgroup # 2 System Capacity and Transformation	Workgroup # 3 Telehealth
<ul style="list-style-type: none"> • Meeting #1, Oct. 14, 2021, Review and revise previous recommendations • Meeting #2, Nov. 3, 2021, Identify new recommendations based on charge • Meeting #3, Dec. 2, 2021, Prioritize recommendations • Meeting #4, Dec. 6, 2021, Ratify <i>Strategic Framework</i> update 	<ul style="list-style-type: none"> • Meeting #1, Oct. 14, 2021, Review and revise previous recommendations • Meeting #2, Nov. 1, 2021, Special focus on legal system and law enforcement recommendations • Meeting #3, Nov. 10, 2021, Identify new recommendations based on charge • Meeting #4, Dec. 2, 2021, Prioritize recommendations • Meeting #5, Dec. 6, 2021, Ratify <i>Strategic Framework</i> update 	<ul style="list-style-type: none"> • Meeting #1, Oct. 13, 2021, Review and revise vision and previous recommendations • Meeting #2, Oct. 20, 2021, Overview of Kansas Telemedicine Act, revisions to previous recommendations and discussion on new topic • Meeting #3, Nov. 15, 2021, Presentations and discussion on new topic, and review of data • Meeting #4, Dec. 2, 2021, Finalize recommendation language and characterization • Meeting #5, Dec. 6, 2021, Ratify <i>Strategic Framework</i> update

Note: Surveys were administered between working group meetings.

All working group decisions were reached based upon consensus. Each working group adopted the following meeting commitments: to come ready to discuss and compromise, keep remarks succinct and on topic, not to hesitate to ask clarifying questions, and to start and end meetings on time. As members discussed each topic and recommendations, decisions were made based on proposals offered by the working group and adopted by verbal agreement or absence of objections.

In order to guide discussion and ensure consistency across working groups and reports, the Recommendations Rubric from 2020 was adopted for use again in 2021 (*Appendix C, [page C-1](#)*) as a tool to assist in ranking and modifying existing recommendations or when writing new recommendations. Using the rubric, working groups were able to assign numeric values to recommendations based on a 1-10 scale for both ease of implementation and potential for high impact.

New and Revised Recommendations for Special Committee Consideration

The following recommendations were added by the 2021 working groups of the Special Committee on Kansas Mental Health Modernization and Reform (“New Recommendations”) or are revisions the 2021 working groups proposed to recommendations from the 2020 *Strategic Framework* (“Revised Recommendations”). [**Note:** The Special Committee's updates to and comments on individual recommendations is shown later in the report, beginning on p. 12.]

New Recommendations

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 (CMHCs), or utilizing other mental health providers. ([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. ([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. ([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. ([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. ([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. ([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. ([Recommendation 8.5](#); **Strategic Importance**)

Specialty Court Coordinators. Provide funding for judicial districts that meet qualifying criteria to hire specialty court coordinators. ([Recommendation 8.6](#); **Immediate Action**)

Competency Evaluations and Restoration. Provide funding for community mental health centers to conduct mobile competency evaluation and competency restoration. ([Recommendation 8.7](#); **Immediate Action**)

Telemedicine Committee. The Legislative Coordinating Council shall establish a Special Committee on Telemedicine Modernization. ([Recommendation 10.6](#); **Strategic Importance**)

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; 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. (**Revision of 2020 Recommendation 1.2**; **Immediate Action**)

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 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 [Recommendation 1.4](#); Strategic Importance)

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. **(Merger of 2020 [Recommendations 2.2](#) and 9.1; Immediate Action)**

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 [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 the Kansas Department for Aging and Disability Services (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 state general funds (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. **(Revision of 2020 [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 Psychiatric Residential Treatment Facilities (PRTF) settings.

(Revision of 2020 [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 [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 House Bill (HB) 2281 in the 2022 session to ensure funds are available in July 2022. *(Revision of 2020 [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 [Recommendation 4.4](#); Strategic Importance)*

Statewide Psychiatric Access Program. 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 [Recommendation 5.3](#); Immediate Action)*

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 [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 [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 [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 [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. (**Revision to 2020 [Recommendation 9.5](#); Strategic Importance**)

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; and improving provider and patient education around telehealth literacy in relation to privacy, efficacy, access and cybersecurity practices. (**Revision to 2020 [Recommendation 10.1](#); Immediate Action**)

Telehealth Reimbursement Codes. As Centers for Medicare and Medicaid Services (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 [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 [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. (**Revision to 2020 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 Recommendation 10.5; Strategic Importance**)

Data Profile

The following process measures were identified in 2020 to monitor the progress on the work completed by this committee and its convened working groups:

- Number of recommendations implemented and
- Number of recommendations implemented with identified key collaborators.

The high-level data profile presented in *Figure 3* (page 10) has been updated based on data availability to provide a systemic assessment of the state's behavioral health system. As before, it includes only a subset of the wide range of data that are available about the Kansas behavioral health system.

Future use of measures can incorporate data by race/ethnicity, gender, age and geography, where available, and could include measures related to other factors that influence behavioral health risk and outcomes, including housing quality, social support, and employment opportunities.¹ Please see **Recommendation 7.6 Outcomes Data** for a proposed approach that would be responsive to the Legislature and could incorporate those key concepts.

The table on page 10 provides only new data available in 2021.

Figure 3. Select Measures to Assess the Kansas Behavioral Health System

MEASURES								
Measure:	Number		Percent					
Kansas counties recognized as a Mental Health Professional Shortage Area <i>Lower number/percentage of counties is better.</i>	99 (2020)		94.3% (2020)					
MEASURES COMPARING KANSAS AND U.S.								
Measure:	Kansas current (year)	Kansas previous (year)	U.S. current (year)	U.S. previous (year)				
Statewide age-adjusted mortality rate for suicide per 100,000 population <i>Lower rates are better.</i>	22.4 (2018)	21.6 (2017)	14.2 (2018)	15.2 (2017)				
Percent of high school students who report feeling sad or hopeless almost every day for two weeks or more in a row so that they stopped doing some usual activities (i.e., criteria for and predictors of clinical depression) <i>Lower percentage is better.</i>	32.5% (2019)	24.8% (2017)	36.7% (2019)	31.5% (2017)				
Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling <i>Higher percentage is better.</i>	49.2% (2019-2020)	55.9% (2018-2019)	52.3% (2019-2020)	53.2% (2018-2019)				
MENTAL HEALTH IN AMERICA RANKINGS of 50 States and Washington D.C. by Report Year								
Select Measure: <i>States with positive outcomes are ranked higher (closer to 1) than states with poorer outcomes.</i>	2022	2021	2020	2019	2018	2017	2016	2015
Kansas rankings: Overall	#41	#29	#42	#24	#19	#21	#15	#19
Kansas ranking: Adult (prevalence and access to care)	#42	#38	#43	#28	#22	#23	#16	#23
Kansas ranking: Youth (prevalence and access to care)	#33	#26	#37	#21	#19	#18	#15	#8
Kansas ranking: Adults with mental illness who report unmet needs	#49	#51	#46	#29	#39	#38	#28	#51
Kansas ranking: Youth with at least one major depressive episode who did not receive mental health services	#17	#18	#47	#40	#29	#12	#12	NA

Note: The Mental Health in America overall ranking uses national data from surveys including the National Survey on Drug Use and Health (NSDUH) and the Behavioral Risk Factor Surveillance System (BRFSS). The overall ranking is comprised of 15 measures for adults and youth around mental health issues, substance use issues, access to insurance, access to adequate insurance, as well as access to and barriers to accessing mental health care. A rank of 1-13 indicates lower prevalence of mental illness and higher rates of access to care, and an overall ranking 39-51 indicates higher prevalence of mental illness and lower rates of access to care. Data in each reporting year come from previous reporting periods. For example, in the 2022 report, most indicators reflect data from 2018-2019, while the 2021 report includes data from 2017-2018 and so forth. The baseline report year is 2015. For more information, go to <https://mhanational.org/sites/default/files/2022StateofMentalHealthinAmerica.pdf>

Source: Data as reported by the Kansas Department of Health and Environment (KDHE) and Kansas Health Institute (KHI) summary of data from the 2015-2022 Mental Health in America Rankings.

Recommendations

The following section provides additional background for each new and revised recommendation identified by a working group, organized by topic. Only new recommendations and revised recommendations from 2020 are included in this section. All other recommendations from the 2020 report not referenced here remain in progress, except for those specifically identified as complete (*Appendix B, page B-1*).

The reasons working groups proposed revisions are noted in the rationale section of the tables below, and new recommendations and recommendations that were significantly revised were also characterized to capture factors related to ease of implementation and potential for high impact. For recommendations with less significant modification, only the rationale for revision was required.

Workforce – Revised Recommendations

Workforce Recommendation 1.2: Access to Psychiatry Services [Revised; Immediate Action]

Recommendation: 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.

Rationale for Revision: The working group believed the previous version of the recommendation (“Require a study to be conducted by KDHE with an educational institution[s], to explore strategies to increase the number of psychiatrists, child and adolescent psychiatrists, and psychiatric nurses.”) lacked specificity. Working group members suggested that this recommendation could be effectively implemented through a request for a Legislative Post Audit. Working group members volunteered to assist in developing the request. Although Legislative Post Audit review is not guaranteed, it would significantly streamline this recommendation. The revised recommendation also provides information about the scope of the review. The effectiveness of the recommendation long-term will require action to be taken on the findings.

Ease of Implementation (Score 1-10): 8	Potential for High Impact (Score 1-10): 6
<ul style="list-style-type: none"> • If performed as a Legislative Post Audit, ease of implementation would be high with little to no additional cost. • Taking action on findings will require additional activity. 	<ul style="list-style-type: none"> • Implementing strategies from the report could impact frontier and rural communities that struggle to recruit psychiatric providers. • Potential for high impact may depend on actionability of the Legislative Post Audit’s results.
Measuring Impact: <ul style="list-style-type: none"> • Percent or number of mental health care professionals participating in the Kansas State Loan Repayment Program. • Number of Kansas counties recognized as a Mental Health Professional Shortage Area. • Number of adult and child/adolescent psychiatry residents in Kansas. 	
Action Lead: Legislature	Key Collaborators: KDHE, KDADS, universities

Return to [Figure A-1](#) and [Figure D-1](#).

Workforce Recommendation 1.4: Workforce Investment Plan [Revised; Strategic Importance]

<p>Recommendation: 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"> • <u>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;</u> • <u>Seed university programs to develop and expand bachelor’s and graduate programs in behavioral health;</u> • <u>Create a pool of funds that behavioral health providers could access to support retention and recruitment;</u> • 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.
<p>Rationale for Revision: The working group highlighted a dire need for investment in the behavioral health workforce, requiring immediate steps toward long-term action. Behavioral workforce shortages have significantly reduced access to behavioral health services for many across the state, and working group members specifically identified challenges in recruitment and retention as key to solving this problem. The working group embraced a “grow your own” approach, in which the workforce reflects the diversity of the community. Although working group members noted challenges associated with a long-term commitment to recruitment and</p>

retention including, but not limited to, potentially high costs, creation of new programs, and the work of multiple legislative sessions, this recommendation has a high potential for impact. Working group members said many Kansans will benefit from implementation of this recommendation, particularly in rural areas where there exists a critical shortage of psychiatrists and behavioral health workers, as well as other populations that lack access to behavioral health services. The working group called for the creation and funding of a Kansas organization modeled after the Behavioral Health Education Center of Nebraska (BHECN) at the University of Nebraska that was presented to the Special Committee.

Ease of Implementation (Score 1-10): 1	Potential for High Impact (Score 1-10): 9
<ul style="list-style-type: none"> • Could include program changes and pilot programs. • Cost will be a barrier to implementation. • Could involve changes in a legislative session, federal approval process, agency budget development and grant cycles. 	<ul style="list-style-type: none"> • Would impact a large population. • Would impact multiple populations, including those in foster care, those with limited English proficiency, children and those with low income.
<p>Measuring Impact:</p> <ul style="list-style-type: none"> • Workforce retention rates. • Number of behavioral health providers practicing in Kansas by age, race/ethnicity, language and sexual orientation. • Number of students enrolling in post-secondary behavioral health education/training programs in Kansas schools. • Number of community colleges offering a behavioral health track associate degree. 	
Action Lead: KDADS	Key Collaborators: KDHE, Kansas Behavioral Sciences Regulatory Board (BSRB), Legislature, providers, clinics, educational institutions

Return to [Figure A-1](#) and [Figure D-2](#).

Workforce – Other Issues

Workforce issues were discussed as potential barriers in relation to recommendations in other topic areas, highlighting how essential addressing workforce shortages will be in accomplishing many of the recommendations from the working groups.

The Services and Workforce working group considered modifying 2020 **Recommendation 1.3 Provider MAT Training**, “Increase capacity and access to medication-assisted treatment (MAT) in Kansas through provider training on MAT.” The working group opted to add report language emphasizing that many of the individuals who need MAT often are uninsured and lack the ability to pay for the treatment. The working group discussed the need to ensure funding sustainability for MAT once federal opioid response grants end. The working group also was interested in ensuring that the certified community behavioral health clinic (CCBHC) model Kansas adopts will allow CCBHCs to collaborate with SUD providers to ensure access to MAT and other

treatment. The group also discussed requiring KanCare managed care organizations to report regularly to the Robert G. (Bob) Bethell Committee on Home and Community Based Services and KanCare Oversight regarding network adequacy for MAT services. The state also can use the KanCare 3.0 contracting process to emphasize the need to expand access to and capacity of MAT services.

In addition, the Services and Workforce working group noted that 2020 **Recommendation 1.5 Family Engagement Practices** will require more funding than initially allocated for implementation. Working group members also said the processes ultimately implemented in support of the recommendation should be flexible, simple and user-friendly to access.

Funding and Accessibility – New Recommendation

Funding and Accessibility Recommendation 2.6: Expand Mental Health Intervention Team Program [New; Immediate Action]

Recommendation: 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.**

Rationale: The 2018 Legislature created the Mental Health Intervention Team Pilot Program “to improve social-emotional wellness and outcomes for students by increasing schools’ access to counselors, social workers and psychologists statewide.” In Fiscal Year 2022, 55 school districts are participating. Working group members said there is a significant need to expand the program to more school districts as for most children, schools are their first access point for services and the program can support continuity of care. The program also helps reduce transportation as a barrier to accessing behavioral health services. Working group members also noted there should be an expectation for schools to seek out additional funding to supplement the program beyond the funding provided by the state. The working group members called for future investigation into a long-term plan for this program, including the possibility of incorporating the Mental Health Intervention Team program into the school finance formula for future sustainability. In the short-term, working group members recommend expanding the pilot program to other school districts interested in participating. Implementation of this recommendation has high potential for impact, particularly for youth at high risk for suicide. Increased access to this program could also reduce foster care entrance rates as children receive better access to essential mental health services. In addition to community mental health centers, working group members anticipate students would also receive services through the mobile crisis response team and 988 prevention lifeline when schools are not open, reiterating the importance of supporting continuity between the Mental Health Intervention Team program and other mental health providers.

Ease of Implementation (Score 1-10): 7	Potential for High Impact (Score 1-10): 9
<ul style="list-style-type: none"> • Cost will be a barrier to implementation, although schools could participate financially in the cost of the building liaison. • Will require an expansion to the pre-existing pilot program in the short term. Long-term implementation will require more resources. 	<ul style="list-style-type: none"> • Would impact foster children, rural communities, urban communities, limited English proficient persons, low-income individuals, children, and students. • Serves those disproportionately affected.
Measuring Impact: <ul style="list-style-type: none"> • Number of school districts participating in the Mental Health Intervention Team Program. • Data elements currently collected by the Kansas State Department of Education (KSDE) for Mental Health Intervention Team participants. 	
Action Lead: KSDE	Key Collaborators: KDADS, DCF

Return to [Figure A-1](#) and [Figure D-1](#).

Funding and Accessibility – Revised Recommendations

Funding and Accessibility Recommendation 2.2: Addressing Inpatient Capacity [Revised; Immediate Action]

<p>Recommendation: Implement and fund a comprehensive plan to address voluntary and involuntary hospital inpatient capacity needs while providing all levels of care across all settings, <u>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.</u></p>	
<p>Rationale for Revision: The working group combined 2020 Recommendations 2.2 Addressing Inpatient Capacity and 9.1 Regional Model to acknowledge the intended effect of regional facilities on inpatient capacity needs across the state. Working group members expressed concern that there can be significant changes in where gaps in capacity exist from year to year. Working group members proposed that rather than identifying a specific region for added capacity, it would recommend that, as capacity is added, ongoing analysis should be used to identify and address gaps.</p>	
Ease of Implementation (Score 1-10): 3	Potential for High Impact (Score 1-10): 10
<ul style="list-style-type: none"> • Cost will be a barrier to implementation. • Contracting cycles will impact implementation 	<ul style="list-style-type: none"> • Would impact a large population. • Could produce cost savings via reduction in transportation costs and lower costs in other systems, including emergency medicine and corrections.

Measuring Impact:	
<ul style="list-style-type: none"> • Number of private hospitals enrolled in KanCare as State Institution Alternatives. • Number of new private psychiatric hospital (PPH) beds licensed in Kansas. • Number of new state mental health hospital (SMHH) beds added at state hospitals. • Increases in community-based treatment service delivery or utilization like supported employment and supported housing. 	
Action Lead: KDADS	Key Collaborators: Legislature, local units of government, law enforcement

Return to [Figure A-1](#) and [Figure D-1](#).

Funding and Accessibility Recommendation 2.3: Reimbursement Rate Increase and Review [Revised; Immediate Action]

Recommendation: Implement an immediate increase of 10-15 percent for reimbursement rates for <u>all providers of</u> 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.
Rationale for Revision: Working group members clarified that the recommendation has applied to Medicaid rates and noted the importance of funding for providing services to the uninsured. They also asked to update the recommendation language and clarify that it applies to all providers of behavioral health services.

Return to [Figure A-1](#) and [Figure D-1](#).

Funding and Accessibility Recommendation 2.4: Suicide Prevention [Revised; Immediate Action]

Recommendation: <u>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.</u>

Rationale for Revision: The Special Committee heard a presentation on the 2021-2025 Kansas Suicide Prevention Plan in its October meeting. Afterwards, the working group proposed a revision to the previous recommendation related to suicide prevention in Kansas to support and affirm the recommendations within the Kansas State Suicide Prevention Plan. While KDADS was identified as the lead agency because of its role as the state authority for mental health and substance use disorder programs, the working group clarified that the state suicide prevention coordinator would be separate from but complement the youth suicide prevention coordinator in the Office of the Attorney General, and that both require funding. ~~Additionally, the working group clarified that one recommended source for the critically needed \$1.5 million would be the telecommunications surcharge for the 988 suicide prevention lifeline (Recommendation 4.1). The implementation of Recommendation 4.1 will determine access to that funding stream, but~~ Regardless of the source, funding is needed. Affected communities can be engaged in the discussion of data collection and reporting to provide context for the data.

Ease of Implementation (Score 1-10): 5	Potential for High Impact (Score 1-10): 10
<ul style="list-style-type: none"> • Cost is a barrier to implementation of this recommendation. • Many portions of this recommendation are already in progress but require continued funding to operate. 	<ul style="list-style-type: none"> • Would impact children (including those in foster care), frontier communities, rural communities — particularly those in the agricultural sector — and veterans.

Measuring Impact:

- Percent change in the age-adjusted mortality rate for suicide per 100,000 population.
- Subsets of data: suicide rate by gender, age group, socio-demographics (marital status, veteran, and education), race/ethnicity, occupational classification, cause of death (firearm, suffocation, etc.), and circumstances (mental health, substance use disorder, and interpersonal problems).
- Percent of high school students who report feeling sad or hopeless almost every day for two weeks or more in a row so that they stopped doing some usual activities.

Action Lead: KDADS	Key Collaborators: KDHE, Office of the Attorney General, Kansas Suicide Prevention Coalition
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Return to [Figure A-1](#) and [Figure D-1](#).

Funding and Accessibility – High-Priority Discussion

Funding and Accessibility High-Priority Discussion Item: Medicaid Expansion [High-Priority Discussion]

<p>Rationale (2020): Medicaid expansion has been recommended by previous task forces, including the Mental Health Task Force, the Governor’s Substance Use Disorders Task Force and the Child Welfare System Task Force. Medicaid Expansion was flagged by the working group as a high priority discussion when considering opportunities to modernize the behavioral health system due to the opportunity that it represents to improve access to behavioral health services at all levels of care and allow investment in workforce and system capacity. Expanding Medicaid under the terms of the Affordable Care Act would provide insurance coverage to an estimated 130,000 to 150,000 Kansans. Working group members noted that many of these individuals may already be utilizing services within the behavioral health system, but in many cases those services are uncompensated or subsidized by state grants. Ninety percent of Medicaid expansion costs would be covered by the federal government. Other Kansans with behavioral health needs may be foregoing care completely until they reach a crisis. The Working group considered Medicaid expansion as a high priority discussion item for the Special Committee, as the Kansas Legislature is the body to determine whether expansion will move forward.</p>	
<p>Action Lead: Legislature</p>	<p>Key Collaborators: Working group members</p>

Return to [Figure A-1](#) and [Figure D-3](#).

Community Engagement – Revised Recommendations

Community Engagement Recommendation 3.3: Foster Homes [Revised; Strategic Importance]

<p>Recommendation: The State of Kansas should invest in foster home recruitment and retention by:</p> <ul style="list-style-type: none"> • Increasing funding for supplemental training on behavioral health needs and providing additional financial incentives to support serious emotional disturbance (SED) youth; • <u>Supporting families navigating child welfare and Medicaid programs;</u> • <u>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;</u> • <u>Providing in-home therapeutic parenting services for families to meet high-acuity needs; and</u> • <u>Ensuring services are available across the continuum of care for youth discharged from inpatient or PRTF settings.</u> <p>(Revised)</p>

Rationale: Previous language for this recommendation was originally developed by the Child Welfare System Task Force.² Providing additional training and support to foster homes (including kinship placements and adoptive homes) caring for youth with behavioral health needs, particularly SED youth, could improve retention of foster homes as well as incentivize placement of youth who may be more difficult to place otherwise. This year, working group members felt the recommendation should be modified to include ways to improve systems to support foster families. Based on discussions with the Department for Children and Families, items two through five were added as top priorities. Additionally, working group members discussed the importance of treating foster families as families when implementing recommendations. The addition of these new elements to the recommendation does increase the difficulty of implementation, but working group members noted the high potential for impact and importance of these changes to the foster care system.

Ease of Implementation (Score 1-10): 5	Potential for High Impact (Score 1-10): 7
<ul style="list-style-type: none"> • Would require program change. • Could require a legislative session, regulatory process and contracts to implement. 	<ul style="list-style-type: none"> • Would have a high impact on a small population (foster care youth). • Could produce savings through reductions in hospitalizations and residential care.
Measuring Impact:	
<ul style="list-style-type: none"> • Placement stability rate for children entering care. • Percent or number of foster youth on the SED waiver. 	
Action Lead: Kansas Department for Children and Families (DCF)	Key Collaborators: KDADS

Return to [Figure A-1](#) and [Figure D-2](#).

Community Engagement Recommendation 3.4: Community-Based Liaison [Revised; Strategic Importance]

Recommendation: 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.

Rationale for Revision: Initially the working group discussed revising the recommendation to identify funding alternatives to fee-for-service reimbursement for these activities. In discussion, the group identified that the upcoming adoption of the certified community behavioral health clinic (CCBHC) model would address the concern, but only for those providers who qualify as CCBHC. The modified language, developed after review by KDADS, was intended to signal support for expanding the availability of the service to other geographic locations and provider types, including SUD providers.

Return to [Figure A-1](#) and [Figure D-2](#).

Prevention and Education –New Recommendations

Prevention and Education Recommendation 4.5: Trauma-Informed Care [New; Immediate Action]

<p>Recommendation: 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.</p>	
<p>Rationale: The Special Committee discussed the importance of trauma-informed care and strategies to prevent trauma and adverse childhood experiences. Materials provided for the working group included national and state resources.^{3,4,5} Three distinct recommendations were proposed for the topic of trauma-informed care, including a) “Launch pilot projects with select behavioral health providers to increase their understanding and adoption of trauma informed practices. Take the lessons learned from these pilots and conduct a feasibility study as to the strategies needed to take it statewide.”; b) “All KDADS funded agencies will train all staff in the basics of trauma-informed care upon hire with annual update. KDADS can work collaboratively with CMHCs or utilize curriculum from the Substance Abuse and Mental Health Services Administration (SAMHSA) to disseminate to the funded agencies.”; and c) “Create a common language across all agencies and communities in Kansas to think about a trauma-informed approach in all aspects of care.” The working group survey revealed similar support for each concept, and ultimately the working group selected an option that will build upon what providers who have adopted trauma-informed practices have learned and disseminate learnings across systems to support trauma-informed communities.</p>	
<p>Ease of Implementation (Score 1-10): 7</p> <ul style="list-style-type: none"> • Implementation will require creation of a pilot program. • Cost may be a barrier to implementation dependent on provider capacity. 	<p>Potential for High Impact (Score 1-10): 8</p> <ul style="list-style-type: none"> • Implementation will benefit a large population. • Increased behavioral health workforce capacity for implementing trauma-informed practices will help address inequities, particularly for those children in foster care.
<p>Measuring Impact:</p> <ul style="list-style-type: none"> • Establishment of workgroup in first quarter of 2022. • GBHSPC to assess baseline and future measures of trauma-informed practices adoption. 	
<p>Action Lead: KDADS</p>	<p>Key Collaborators: GBHSPC</p>

Return to [Figure A-1](#) and [Figure D-1](#).

Prevention and Education Recommendation 4.6: Promoting Social Isolation as a Public Health Issue [New; Strategic Importance]

<p>Recommendation: 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.</p>	
<p>Rationale: The Special Committee discussed social isolation, particularly as experienced by older adults, people of color, and rural residents, both before and during the pandemic. The working group received materials related to social isolation and its link to serious health conditions⁶ and how social isolation affects Kansas older adults^{7,8}. The recommendation was developed by combining two initial proposed recommendations from working group members: a) “Treat social isolation similar to other public health issues. Create strategies to disseminate the importance of social isolation on health through public service announcements (with suggestions on where to go), educate providers on this issue and encourage adoption of a screening tool. For each group, identify primary places that are frequented and target strategies for each.”; and b) “We must have open conversations about loneliness and its impact on physical health, mental health and the potential for suicide. This needs to be community wide. Perhaps look at social media/media campaign to address.” Screening tools that have been identified by the National Academies of Sciences, Engineering and Medicine as likely to have greatest success in clinical settings include the Berkman–Syme Social Network Index (for measuring social isolation) and the three-item UCLA Loneliness Scale (for measuring loneliness).⁹</p>	
<p>Ease of Implementation (Score 1-10): 3</p> <ul style="list-style-type: none"> • Cost will be a barrier to implementation. • Implementation could require the creation of a pilot program or new program over many years. 	<p>Potential for High Impact (Score 1-10): 8</p> <ul style="list-style-type: none"> • Implementation of this recommendation will benefit a large population of the general public including, but not limited to, older adults, people of color, and low-income families. • High potential for cost savings for the general public and safety net programs due to early identification of and intervention for mental health problems related to social isolation.
<p>Measuring Impact:</p> <ul style="list-style-type: none"> • Number of adopters of screening tool. • Suicide rates. 	
<p>Action Lead: KDADS</p>	<p>Key Collaborators: KDHE</p>

Return to [Figure A-1](#) and [Figure D-2](#).

**Prevention and Education Recommendation 4.7: Normalize Behavioral Health Discussions
[New; Immediate Action]**

<p>Recommendation: 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.</p>	
<p>Rationale: The Special Committee raised the issue of stigma related to mental illness and addictions and its impact on access to behavioral health services. The working group was provided with select national materials about stigma,¹⁰ and members proposed two distinct recommendations that, after a survey revealed similar support for each, were combined into one by the working group co-chairs. The original proposed options were to: a) “Publicize help lines to encourage people to get help before they are suicidal or in crisis. Increase access to therapy and medications for the uninsured. Find success stories and promote them publicly.”; and b) “Just talk about mental health (not stigma). Create a culture in which mention of depression, anxiety, post-trauma, and other common illnesses become as mentionable as diabetes, hypertension, and migraines.” After a survey revealed similar support for both concepts, the working group co-chairs proposed combining them. Culturally appropriate outreach campaigns — including social media campaigns and public service announcements — can be designed for accessibility to diverse audiences.</p>	
<p>Ease of Implementation (Score 1-10): 3</p> <ul style="list-style-type: none"> • Cost may be a barrier to implementation. • May require program change. 	<p>Potential for High Impact (Score 1-10): 8</p> <ul style="list-style-type: none"> • High potential for impact for large population, particularly those in foster care, rural and urban communities, those with limited English proficiency, and low-income individuals. • May produce cost savings for both general public and for safety net programs.
<p>Measuring Impact:</p> <ul style="list-style-type: none"> • Behavioral Risk Factor Surveillance System optional mental illness and stigma module. 	
<p>Action Lead: KDADS</p>	<p>Key Collaborators: KDHE</p>

Return to [Figure A-1](#) and [Figure D-1](#).

Prevention and Education – Revised Recommendations

Prevention and Education Recommendation 4.1: 988 Suicide Prevention Lifeline Funding [Revised; Immediate Action]

<p>Recommendation: 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. <u>The Legislature should consider HB 2281 in the 2022 session to ensure funds are available in July 2022.</u></p>	
<p>Rationale for Revision: The working group reaffirmed the importance of funding the 988 Suicide Prevention Lifeline. 988 will go into effect in July 2022 regardless of funding mechanism as per federal requirements. The working group maintains that a telecommunications surcharge remains the best method to ensure 988 has the resources needed to appropriately respond to all calls. The NSPL is a national network of local crisis centers that provides support to people in suicidal crisis or emotional distress. The NSPL will transition from a 10-digit phone number to 988 by July of 2022, making it easier for individuals to know what number to call when in crisis; some phone providers have already begun making this transition.¹¹ The change is expected to contribute to an increase in the number of individuals using the NSPL, which currently attempts to match callers to in-state crisis centers when possible. Between October 1, 2019, and December 31, 2019, 60 percent of NSPL calls initiated in Kansas were answered by Kansas providers.¹² Increasing the in-state answer rate will ensure that Kansans in crisis are connected to providers who can direct them to local resources.</p>	
<p>Ease of Implementation (Score 1-10): 5</p> <ul style="list-style-type: none"> • Would likely involve a program overhaul, involving additional staff and training. • Sustainability is considered in the recommendation via fee collection. The recommendation does not include funding for a crisis text line. • Will require a legislative session, contracts, grant cycles and systems to implement. 	<p>Potential for High Impact (Score 1-10): 8</p> <ul style="list-style-type: none"> • Will benefit a large population. • Could produce savings in other areas.
<p>Measuring Impact:</p> <ul style="list-style-type: none"> • National Suicide Prevention Lifeline Answer Rate. • Percent change in the statewide age-adjusted mortality rate for suicide per 100,000 population. 	
<p>Action Lead: KDADS</p>	<p>Key Collaborators: Crisis centers, CMHCs, Legislature</p>

Return to [Figure A-1](#) and [Figure D-1](#).

Prevention and Education Recommendation 4.4: Behavioral Health Prevention [Revised; Strategic Importance]

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

Rationale for Revision: The original language of the recommendation — “Increase state funds for behavioral health prevention efforts (e.g., substance use disorder [SUD] prevention, suicide prevention)” — was considered overly broad by some working group members, while others said the interpretation of the 2020 recommendation had been interwoven with specific state activities, including the Kansas Suicide Prevention Plan, and did not require more specificity. To reach consensus, the working group asked KDADS to suggest language that would highlight how the recommendation could support expanding prevention opportunities. The new language highlights opportunities to increase evidence-based primary prevention and provide grant funding for community organizations to implement prevention activities.

Return to [Figure A-1](#) and [Figure D-2](#).

Treatment and Recovery – Revised Recommendations

*Treatment and Recovery Recommendation 5.3: Frontline Capacity [Revised; **Immediate Action**]*

Recommendation: 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).

Rationale for Revision: The revision refined the previous version of the recommendation (“Increase capacity of frontline health care providers (e.g., pediatricians, family physicians and OB-GYNs) to identify and provide services to those with behavioral health needs.”) by adding specificity about the KDHE program currently supported by two distinct federal grants, one focused on providers who work with pregnant and postpartum individuals (Kansas Connecting Communities), and another focused on pediatric primary care providers (KSKidsMAP). These grant programs are modeled after two psychiatric access programs developed in Massachusetts, where they proved to be effective.^{13,14} While federal grants have covered initial implementation activities (e.g., provider-to-provider consultation), these funds will expire in 2023. Private insurers may also be interested in this service and could be collaborated with to move this recommendation forward.

Ease of Implementation (Score 1-10): 5	Potential for High Impact (Score 1-10): 6
<ul style="list-style-type: none"> • Cost will be a barrier to implementation. \$1.18 million is needed to continue the perinatal and pediatric psychiatric access programs starting in FY 2024. An additional \$500,000 (estimated) is needed to expand the psychiatric access programs to include health care providers treating pediatric patients with I/DD and/or autism in FY 2025. An additional \$500,000 (estimated) is needed to expand to include adults with mood disorders starting in FY 2026. <ul style="list-style-type: none"> ▪ SFY2024 - \$1.18 million (est.) ▪ SFY2025 - \$1.68 million (est.) ▪ SFY2026 - \$2.18 million (est.) • Expansion may require creation of a pilot program or program change. 	<ul style="list-style-type: none"> • Potential for impact is dependent on the participation of primary care providers with higher participation rates leading to increased impact. • Recommendation has potential for high impact, particularly for those in foster care, rural communities, those with limited English proficiency or low-income, and those with SUD diagnoses.
Measuring Impact:	
<ul style="list-style-type: none"> • Number of pediatric primary care providers who enroll in a pediatric mental health care access program. • Number of perinatal providers who enroll in a perinatal psychiatric access program. • Utilization of Maternal Depression Screening Medicaid codes. 	
Action Lead: KDHE	Key Collaborators: KU School of Medicine – Wichita and Kansas City

Return to [Figure A-1](#) and [Figure D-1](#).

Special Populations – New Recommendation

Special Populations Recommendation 6.6: Medicaid Postpartum Coverage [New; Immediate Action]

<p>Recommendation: 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.</p>
<p>Rationale: Working group members identified that Medicaid postpartum coverage is limited to 60 days in Kansas but had been extended temporarily due to the COVID-19 policy restricting disenrollment during the public health emergency. Kansas now has the option to decide to extend postpartum coverage up to 12 months, and the state’s actuaries estimate this action will have no impact or a small positive impact on budget neutrality for KanCare and an estimated annual cost of \$10.5 million a year. Working group members noted extended coverage would increase access to behavioral health services.</p>

Note: Special Committee conclusion regarding Bethell Committee recommendations.

There was consensus that this would have a positive impact on health but concern from the working group members that more information is needed to determine a cost/impact ratio, including what the cost of doing nothing would include^{15, 16}. In a 2021 report, the Commonwealth Fund examines the financial cost of failing to treat maternal morbidity conditions in the United States. Maternal mental health carried the highest cost of the conditions studied with \$18.1 billion which authors suggest signals a need for increased access to post-partum behavioral health services.¹⁷ The recommendation was modified to serious consideration by the Robert G. (Bob) Bethell Joint Committee on Home and Community Based Services and KanCare Oversight.

Ease of Implementation (Score 1-10): 10	Potential for High Impact (Score 1-10): 9
<ul style="list-style-type: none"> • Requesting Bethell Committee review has a high ease of implementation; however, should the Bethell Committee decide to pursue this recommendation either through a state plan amendment or a 1115 waiver, implementation may be more difficult. • The estimated cost of \$10.5 million SGF all funds, because of other savings, would have no effect on budget neutrality or could produce net savings. 	<ul style="list-style-type: none"> • The recommendation has potential for very high impact, particularly for pregnant and postpartum mothers. • The recommendation could address disparities in maternal health outcomes among people of color and low-income populations. • There is a potential for cost savings in the rest of the health care system as well as the child welfare system.
Measuring Impact: <ul style="list-style-type: none"> • Maternal morbidity rates. 	
Action Lead: Legislature	Key Collaborators: KDHE

Return to [Figure A-1](#) and [Figure D-1](#).

Special Populations – Related Activities

The 2020 *Strategic Framework* included a recommendation to expand the Medicaid waiver for individuals with intellectual or developmental disabilities. The 2021 Special Committee indicated interest in addressing the Autism waiver and services for children and adolescents with autism spectrum disorder. The Special Committee received an update on related recommendations from the Autism Task Team convened by KDADS and DCF in 2021.

The Services and Workforce Working Group also received an update from the Autism Task Team on its work and recommends that Special Committee members and readers of this report reference the Autism Task Team recommendations that will be published in January 2022. Key recommendations may include expanding access to autism services via telehealth, developing systems that allow for individualized budget authority, incentivizing providers to serve rural and underserved communities, and exploring options to expand services for youth with autism.

The working group also refers readers to the recommendations of the Governor’s Commission on Racial Equity and Justice, which were presented to the Special Committee in November 2020¹⁸ prior to their adoption. Many of the recommendations align with those made by the working groups of the Special Committee in 2020 and 2021, including regarding a statewide needs assessment, expanded telehealth access, suicide prevention, school-based mental health services, workforce, and 12-month postpartum Medicaid coverage. The Commission also adopted a number of recommendations related to social determinants of health and early childhood mental health services.

Data Systems – New Recommendations

Data Systems Recommendation 7.6: Outcomes Data [New; Strategic Importance]

Recommendation: 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.	
Rationale: The working group was assigned this topic by the Special Committee for 2021. The working group acknowledged legislative concerns about lags in data availability and discussed how to address concerns for the need for current data. Working group members proposed that outcome indicators be selected in advance and analyzed in collaboration with the State Epidemiological Outcomes Workgroup (SEOW). Examples could include hospital admissions and key social determinants of health, including housing and employment stability. The SEOW was created to integrate efforts around data collection, bringing together a diverse group of data experts to support the state’s prevention infrastructure. It meets quarterly and maintains a wide array of behavioral health indicators. When available, all indicators report data related to prevalence, treatment and consequences by age, gender, race and ethnicity. ¹⁹	
Ease of Implementation (Score 1-10): 6	Potential for High Impact (Score 1-10): 5
<ul style="list-style-type: none"> • Cost will be a barrier to implementation. • Implementation may require program overhaul, creation of a pilot program, and/or program change. 	<ul style="list-style-type: none"> • Benefits a large population. • Will impact foster care children, rural communities, urban communities, limited English proficient persons, low-income individuals, and children. • Will assist in measurement of disparities.
Measuring Impact:	
<ul style="list-style-type: none"> • Data provided to Legislature and used for policy decision making. • Use in production of disparities analysis. 	
Action Lead: State Epidemiological Outcomes Workgroup	Key Collaborators: Legislative Health Committees

Return to [Figure A-1](#) and [Figure D-2](#).

Interactions with Legal System and Law Enforcement – New Recommendations

Interactions with Legal System and Law Enforcement Recommendation 8.5: Regional Specialty Courts/Venue Transfer [New; Strategic Importance]

<p>Recommendation: Explore creation of regional specialty courts across Kansas. Consider implications related to venue transfer for access to regional specialty courts.</p> <p>[<i>Note:</i> 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.]</p>	
<p>Rationale: Specialty courts — including veterans courts, drug courts and mental health courts — are designed to provide individualized and rehabilitative treatment, and to reduce recidivism. In addition to the 2020 <i>Recommendation 8.2</i> related to specialty courts, the working group proposed a new recommendation related to regional specialty courts and venue transfer to address the need for services and supports, particularly in rural and frontier areas of Kansas that may lack resources. In order to pursue a regional court model, legislative action permitting venue transfer will be required. Working group members also discussed the challenges of limited funding for specialty courts and how state-level funding may not necessarily be the best solution. Working group members called for specialty court funding from multiple funding streams. Ultimately the group decided to refer the issue to the judicial branch’s Specialty Courts Committee.</p>	
<p>Ease of Implementation (Score 1-10): 3</p> <ul style="list-style-type: none"> • Will require legislative change. • Cost will be a barrier. 	<p>Potential for High Impact (Score 1-10): 10</p> <ul style="list-style-type: none"> • Could produce savings in correctional system costs. • Would impact disproportionately affected populations
<p>Measuring Impact:</p> <ul style="list-style-type: none"> • Recidivism rates. • Number of judicial districts with access to specialty courts. • Individuals referred for services. • Individuals receiving treatment. 	
<p>Action Lead: Specialty Courts Committee (judicial branch)</p>	<p>Key Collaborators: Office of Judicial Administration, Legislature</p>

Return to [Figure A-1](#) and [Figure D-2](#).

Interactions with Legal System and Law Enforcement Recommendation 8.6: Specialty Court Coordinators [New; Immediate Action]

<p>Recommendation: Provide funding for judicial districts that meet qualifying criteria to hire specialty court coordinators.</p>
<p>Rationale: Working group members said because specialty courts require substantial work, related recommendations will necessitate the funding of coordinator positions to facilitate the workload. To expand current specialty court capacity or create new specialty courts, funding will be required to ensure the specialty courts function as intended and can access the full range of wrap-around services proposed. In testimony to the Special Committee, judges. . .</p>

described the effectiveness of specialty courts in reducing recidivism. They also described the need to rely on grant funding to originate specialty courts and concern about what happens after grants expire. HB 2361,²⁰ which passed the House in 2021 and has been referred to the Senate Judiciary Committee, would, among other actions, establish the Specialty Court Funding Advisory Committee within the judicial branch to evaluate resources available for people assigned to specialty courts and for the operation of specialty courts; secure funding to operate courts; and recommend to the Judicial Administrator the allocation of resources among the various specialty courts.

Ease of Implementation (Score 1-10): 4	Potential for High Impact (Score 1-10): 9
<ul style="list-style-type: none"> • Will require funding. • Related legislation has passed one chamber of the Legislature. 	<ul style="list-style-type: none"> • Could produce savings in correctional costs.
Measuring Impact: <ul style="list-style-type: none"> • Number of judicial districts with access to specialty courts. • Recidivism rates. • Number of individuals in court system receiving treatment. 	
Action Lead: Judicial Branch	Key Collaborators: Legislature

Return to [Figure A-1](#) and [Figure D-1](#).

Interactions with Legal System and Law Enforcement Recommendation 8.7: Competency Evaluation and Restoration [New; Immediate Action]

<p>Recommendation: 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.</p>
<p>Rationale: KDADS provided the working group with an update on the current status of competency evaluations and competency restoration. This update highlighted the limited capacity and long wait periods — with an average wait time for a competency evaluation of 170 days for males, with some waiting up to 360 days to complete. Additionally, KDADS highlighted the potential for mobile competency evaluations to help reduce long waiting periods but said this will not serve everyone. The working group called for immediate action to remedy unjust waiting periods and proposed other options for increasing capacity be explored including the potential for telehealth and Osawatomie State Hospital (OSH) or CMHCs to assist in the completion of competency evaluations. Implementation will be impacted by community mental health center interest in participating and funding. Working group members explained a first step would likely involve developing a pilot program for those CMHCs interested in conducting competency evaluations or restoration. Although the working group acknowledges that only a small portion of the overall state population will benefit from implementation, working group members noted the current due process issues with the long wait times for competency evaluations. Improving access to competency evaluations will have a very high impact on those currently affected.</p>

Ease of Implementation (Score 1-10): 8	Potential for High Impact (Score 1-10): 8
<ul style="list-style-type: none"> • Cost will be a barrier. • Recommendation does not currently include strategies for continuity. • Implementation will likely require a pilot program. 	<ul style="list-style-type: none"> • Will not benefit a large population, but will have a substantially high impact on those who have long waiting periods for competency evaluations. • Will impact foster children, rural and urban communities, limited English proficient persons, low-income individuals and children. • Will produce cost savings in other areas
Measuring Impact: <ul style="list-style-type: none"> • Number of days people wait for competency evaluations. • Number of days people wait for competency restoration services. 	
Action Lead: KDADS	Key Collaborators: CMHCs, prosecutors, defense counsel, Office of Judicial Administration

Return to [Figure A-1](#) and [Figure D-1](#).

Interactions with Legal System and Law Enforcement – Revised Recommendations

Interactions with Legal System and Law Enforcement Recommendation 8.1: Correctional Employees [Revised; Immediate Action]

<p>Recommendation: 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.</p>
<p>Rationale for Revision: The working group recommended revising the language of the recommendation to clarify that training should include staff of local as well as state facilities. Trainings throughout the justice system should be offered on a consistent and ongoing basis.</p>

Return to [Figure A-1](#) and [Figure D-1](#).

Interactions with Legal System and Law Enforcement Recommendation 8.3: Law Enforcement Referrals [Revised; Immediate Action]

<p>Recommendation: 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.</p>

Rationale for Revision: The working group revised the recommendation to ensure it is interpreted broadly to include funding to support access to residential services as well as inpatient and outpatient services.

Return to [Figure A-1](#) and [Figure D-1](#).

Interactions with Legal System and Law Enforcement Recommendation 8.4: Defining Crossover Youth Population. [Revised; Strategic Importance]

Recommendation: 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.](#)

Rationale for Revision: Since the previous 2020 Special Committee meetings, the Kansas Department of Corrections (KDOC) completed this work and established statewide recommendations for working with crossover youth. Ideally, these recommendations are implemented by local Juvenile Corrections Boards, which operate in each judicial district. However, working group members advised that local agencies have not uniformly adopted these recommendations. The working group proposed re-opening this recommendation and adding the new language to clarify expectation that local agency responses align with statewide policy team expectations.

Return to [Figure A-1](#) and [Figure D-2](#).

System Transformation – Revised Recommendations

System Transformation Recommendation 9.3: Integration [Revised; Immediate Action]

Recommendation: 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.

Rationale for Revision: The revision clarifies that adopting coding practices that facilitate integration of primary medical and behavioral health care is one critical step toward the goal of providing best-practice, whole-person care, and that other strategies can and should be considered.

Return to [Figure A-1](#) and [Figure D-1](#).

System Transformation Recommendation 9.5: Family Psychotherapy [Revised; Strategic Importance]

Recommendation: 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.]

Rationale for Revision: State staff reported that one element from the previous version of this recommendation (“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 (PRTF).”) — the provision about using the code for children in PRTFs — would not be approvable by the CMS, as it is considered content of service for the PRTF per diem. KDHE and KDADS staff anticipate the state plan amendment necessary to allow billing of 90846 in other settings will be submitted by January 2022.

Services in evidence-based programs that can be billed using the code include Parent Management Training of Oregon (PMTO), Emotion Focused Family Therapy, and Brief Solution Focused Therapy.

Return to [Figure A-1](#) and [Figure D-2](#).

Telehealth – Revision to Vision Statement

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.

Telehealth – New Recommendation

Telehealth Recommendation 10.6: Telemedicine Committee [New; Strategic Importance]

Recommendation: 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.

Rationale: The working group called for the conversation on telehealth modernization to be continued beyond the 2021 Special Committee on Kansas Mental Health Modernization and Reform. Having received clarification on the Kansas Telemedicine Act, working group members noted a continued need for education and discussion about telemedicine rates and usage. However, the working group determined that telehealth usage remains unpredictable due to the pandemic, and more data collection is needed to better understand the future of telemedicine in Kansas prior to making decisions related to telehealth rates or payment parity.

The working group charges this new Special Committee on Telemedicine Modernization with the development of guidelines and standards for quality assurance as one of their first acts (See Recommendation 10.1).	
Ease of Implementation (Score 1-10): 2	Potential for High Impact (Score 1-10): 10
<ul style="list-style-type: none"> The creation of the committee will likely have a high ease of implementation, but the decisions this committee will make may be highly challenging. 	<ul style="list-style-type: none"> Implementation of this recommendation has a strong potential for high impact, particularly among populations with limited mobility and those lacking vehicle transportation. Potential for cost savings depending on decisions made by this committee.
Measuring Impact: <ul style="list-style-type: none"> Statutory change. Increase in telehealth accessibility and affordability based on review of telehealth claims data. 	
Action Lead: Legislative Coordinating Council (LCC), Legislature	Key Collaborators: Providers, consumers, Legislature, private insurers, employers (particularly self-insured), KDHE, KDADS, regulatory boards

Return to [Figure A-1](#) and [Figure D-2](#).

Telehealth – Revised Recommendations

Telehealth Recommendation 10.1: Quality Assurance [Revised; Immediate Action]

<p>Recommendation: Develop quality assurance standards to ensure high-quality telehealth services are provided, including:</p> <ul style="list-style-type: none"> 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.
<p>Rationale for Revision: The working group identified key barriers for implementation of the previous 2020 recommendation of Telehealth Quality Assurance, including confusion with the Kansas Telemedicine Act and gaps in provider training around maintaining a standard of care in a telehealth setting. To address this, the working group proposed increased provider and patient education around the appropriate use of technology to ensure the same quality of care of both in-person and telehealth visits and improve e-health literacy in relation to privacy, efficacy, and</p>

[*Note:* The Kansas Telemedicine Act citation may be accessed at https://www.ksrevisor.org/statutes/chapters/ch40/040_002_0210.html]

access. Working group members also called for increased training in relation to cybersecurity best-practices and for the creation of consistent guidelines in collaboration with licensing and regulatory agencies. This recommendation scores high for ease of implementation because many providers are already familiar with telehealth services and the trainings needed for further provider and patient education are widely available. The only potential challenge to implementation that the working group identified was that some providers may have limited information technology (IT), creating challenges for their capacity to carry out telehealth services.

Ease of Implementation (Score 1-10): 9	Potential for High Impact (Score 1-10): 8
<ul style="list-style-type: none"> • Implementation will likely require program change. • Providers' IT systems may be a challenge for implementation. 	<ul style="list-style-type: none"> • Recommendation has potential for high impact, particularly for those in foster care, rural communities, and those with limited mobility.
Measuring Impact: <ul style="list-style-type: none"> • Trends in telehealth utilization rates. 	
Action Lead: Special Committee on Telemedicine Modernization (established through Recommendation 10.6)	Key Collaborators: KDHE, KDADS, providers, BSRB, private insurers, regulatory bodies, Kansas Insurance Department, state associations, health care provider associations, providers' professional associations across continuum of care, Legislature

Return to [Figure A-1](#) and [Figure D-1](#).

Telehealth Recommendation 10.2: Reimbursement Codes [Revised; Immediate Action]

Recommendation: 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.

Rationale for Revision: Many of the reimbursement codes added during the pandemic that were intended to prevent loss of facility fees remain in use. The working group identified these code expansions as key to improved provision of telehealth services to patients during the pandemic. In order to ensure this continued access, the working group revised this recommendation to call for maintenance of the current codes as permitted by CMS rules. Working group members do note that should the state choose to allow facility fees for behavioral telehealth providers, other providers may ask for the same accommodation. For a long-term solution, working group members encourage the exploration of new or different codes to help in long-term prevention of providers losing revenue by providing telehealth services if CMS rules were to change.

Ease of Implementation (Score 1-10): 10	Potential for High Impact (Score 1-10): 10
<ul style="list-style-type: none"> Implementation will require program maintenance as Medicaid already does this currently. 	<ul style="list-style-type: none"> This recommendation will benefit a large population.
Measuring Impact: <ul style="list-style-type: none"> Number of telehealth codes open for Medicaid reimbursement pre- and post-pandemic. Utilization of these telehealth codes. 	
Action Lead: KDHE Division of Health Care Finance	Key Collaborators: KDADS, managed care organizations, CMHCs, provider and payer professional associations, Medicare/Medicaid and insurance representatives, hospital advisory boards, patient advocacy groups, Legislature, CMS

Return to [Figure A-1](#) and [Figure D-1](#).

Telehealth Recommendation 10.3: Telehealth for Crisis Services [Revised; Immediate Action]

<p>Recommendation: <u>Continue</u> 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. <u>Engage professional associations statewide to adopt appropriate education for providers, practitioners and law enforcement officers on using telehealth for crisis services.</u></p>
<p>Rationale for Revision: The Medicaid state plan amendment to allow coverage of mobile crisis services was submitted to CMS in October, with a proposed effective date of October 1, 2021. In recognition of the work done to allow for the use of telehealth for crisis services, the working group revised the recommendation to call for continued services and a stronger emphasis on training around best practices for law enforcement and provider use of telehealth in crisis response. The working group called for KDHE to engage professional associations to adopt education to provide this training. One potential way professional associations could pursue this education with minimal administrative burden is through the integration of telehealth for crisis services training into continuing education requirements. Although working group members said that many such training courses already exist for law enforcement and practitioners, variation across the state may make this more challenging for some to adopt compared to others.</p>

Ease of Implementation (Score 1-10): 6	Potential for High Impact (Score 1-10): 9
<ul style="list-style-type: none"> Implementation may require program change. 	<ul style="list-style-type: none"> This recommendation could impact a large population, with a particularly significant impact for homeless and limited English proficient individuals and children in foster care.
Measuring Impact: <ul style="list-style-type: none"> Number of telehealth crisis codes open for Medicaid reimbursement. Utilization of these telehealth crisis codes. 	
Action Lead: KDHE	Key Collaborators: KDADS, KDOC, DCF, local law enforcement, providers, affected licensing agencies and professional associations, BSRB, nursing/physician representation, emergency medical services (EMS), behavioral health practices, Legislature

Return to [Figure A-1](#) and [Figure D-1](#).

Telehealth Recommendation 10.4: Originating and Distant Sites [Revised; Strategic Importance]

<p>Recommendation: The following item should be addressed to ensure that individuals receive — and providers offer — telehealth in the most appropriate locations:</p> <ul style="list-style-type: none"> Examine issues related to providers practicing, and patients receiving, services across state lines, such as by exploring participation in interstate licensure compacts. <p><i>(Some 2020 language removed)</i></p>
<p>Rationale for Revision: The working group expressed concerns about provider confusion around the Kansas Telemedicine Act in relation to Originating and Distant Sites and existing inter-state compacts. Generally, behavioral health providers must have a state license to practice within the state that the originating site is located, even when the distant site is out of state. With a compact, licensed behavioral health providers in one compact state can practice or be a distant site in any other compact state. Most compacts are specific to licensure category. For example, the American Counseling Association’s work with the Council of State Governments (CSG) National Center on Interstate Compacts on an interstate compact for licensed counselors is expected to cover licensed professional counselors and is hoped to include 10-12 initial states by 2023. Use of these compacts could greatly benefit a large population, particularly those in rural areas of Kansas where access to providers is limited. The working group called for further examination of these issues to further the modernization of telehealth in Kansas.</p>

Ease of Implementation (Score 1-10): 10	Potential for High Impact (Score 1-10): 10
<ul style="list-style-type: none"> Implementation may require program change. 	<ul style="list-style-type: none"> Implementation of this recommendation has a high potential for high impact because of its potential to increase access to care.
Measuring Impact: <ul style="list-style-type: none"> Number of contracts with providers outside of state. Use of compacts. 	
Action Lead: Legislature	Key Collaborators: KDHE, KDADS, providers, health care providers' professional associations, insurance agencies, Medicare/Medicaid, BSRB, licensing boards, professions' regulatory boards

Telehealth Recommendation 10.5: Child Welfare System and Telehealth [Revised; Strategic Importance]

Recommendation: 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.	
Rationale for Revision: Working group members identified an opportunity for telehealth to aid in addressing the unique needs of parents of children in the child welfare system. They recommend further exploration of how telehealth could help address these needs. The working group also identified this as an issue that telehealth could help address and requested greater effort towards maintaining contact and continuation of therapy for these children.	
Ease of Implementation (Score 1-10): 10	Potential for High Impact (Score 1-10): 10
<ul style="list-style-type: none"> Implementation could require program change. 	<ul style="list-style-type: none"> Implementation will significantly impact children, those in foster care, and low-income individuals.
Measuring Impact: <ul style="list-style-type: none"> Utilization of telehealth across foster children eligibility groups. When a child comes into care or goes to a new placement, the CMHC will provide therapy within 72 hours of receiving the request. Percentage of child in need of care (CINC) children/adolescents, age 17 or younger, that received crisis intervention services 30 calendar days prior to a screen resulting in inpatient psychiatric admission, excluding PRTF (i.e., CINC crisis intervention rate). The percentage of CINC children/adolescents that received therapeutic intervention services (includes more than initial assessment and diagnosis such as peer support, psychosocial individual/group, community psychiatric support and treatment, therapy and/or intake) within 30 calendar days prior to a screen resulting in an inpatient psychiatric admission, excluding PRTF (i.e., CINC therapeutic intervention rate). 	

Action Lead: KDHE	Key Collaborators: KDADS, DCF, child welfare and advocacy organization representatives, school health professionals, BSRB, foster care contractors, CMHCs
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Return to [Figure A-1](#) and [Figure D-2](#).

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)**

Appendix B: Recommendations Considered Complete

Figure B-1. Recommendations Reported as Complete by Lead Agency

Recommendation	Update from Lead Agency
WORKFORCE	
<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>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.</p>
PREVENTION AND EDUCATION	
<p>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)</p>	<p>Office of the Governor: KDADS Secretary Laura Howard has been designated the centralized authority.</p>
TREATMENT AND RECOVERY	
<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 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)**

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.

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.

LEGAL SYSTEM AND LAW ENFORCEMENT

[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

KDOC: In cooperation with the healthcare vendor Centurion, KDOC established an SUD assessment and referral system for residents entering the system effective July 1, 2021. If a resident is determined to suffer from Opioid Use Disorder, that resident is eligible for MAT. Processes are also in place among our Parole Officers who routinely make referrals to the RADACs to connect

<p>services for this population. <i>(This version complete, revised in 2021)</i></p>	<p>those under supervision to recovery services, programs and treatment.</p>
<p><u>Recommendation 8.4 Defining Crossover Youth Population.</u> 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. <i>(This version complete, revised in 2021)</i></p>	<p>KDOC: As recommended by the Joint Committee on Corrections and Juvenile Justice Oversight, KDOC has contracted with Georgetown University McCourt School of Public Policy’s Center for Juvenile Justice Reform (CJJR) to implement the Cross Over Youth Model through the use of the Evidence Based Fund. There is an established Statewide Policy Team (SPT) that has defined Cross Over Youth for the State of Kansas. Crossover Youth: a young person age 10 or older with any level of concurrent involvement with the child welfare and juvenile justice systems. “Involvement” in the juvenile justice system includes court-ordered community supervision and IIPs. “Involvement” in the child welfare system includes out-of-home placement, an assigned investigation of alleged abuse or neglect with a young person named as the alleged perpetrator, and/or participation in voluntary/preventative services cases that are open for service.</p> <p>The multi-disciplinary collective that became the Kansas State Crossover Youth Practice Model State Policy Team in 2019 continues to hold monthly public meetings under the facilitation of the Statewide Coordinators with the support of CJJR. The team’s focus continues to be on intentional interagency collaboration, the facilitation of information sharing, adaptability and accountability, and the active incorporation of youth and family voices in decisions.</p>
<p>TELEHEALTH</p>	
<p><u>Recommendation 10.3 Telehealth for Crisis Services.</u> 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</p>	<p>KDHE: KMAP Bulletin Nos. 20065 and 20086 state that effective with dates of service on or after March 12, 2020, procedure codes H2011 (Crisis Intervention at the Basic Level); H2011 HK (Crisis Intervention at the Intermediate Level); and H2011 HO (Crisis Intervention at the Advanced Level) will be allowed to be reimbursed via telemedicine (both tele-video and telephone). Billing for these two codes is contingent upon KDADS approval of the individual crisis protocol utilized at a specified CMHCs. In addition, the State has submitted an SPA to allow for delivery of mobile crisis services for youth.</p>

rural and frontier communities. (***This version complete, revised in 2021***)

Appendix C. Recommendation Rubric

Figure C-1. Mental Health Modernization and Reform, Working Group Recommendation Rubric, 2020-2021

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 C-1 (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>	

Appendix D. UPDATED High-Priority Topic Lists

The working groups have made recommendations related to the following topics for immediate action (Figure D-1). **Recommendations for immediate action are those that should be initiated and completed in the next two years.** The full text for each recommendation and working group rationale is available in the body of the report (beginning on [page 11](#)).

Figure D-1. Recommendation Topics for Immediate Action

Workforce	Funding and Accessibility	Community Engagement
<ul style="list-style-type: none"> <input type="checkbox"/> Recommendation 1.1 Clinical Supervision Hours <input type="checkbox"/> Recommendation 1.2 Access to Psychiatry Services <input type="checkbox"/> Recommendation 1.3 Provider MAT Training 	<ul style="list-style-type: none"> <input type="checkbox"/> Recommendation 2.1 Certified Community Behavioral Health Clinic Model <input type="checkbox"/> Recommendation 2.2 Addressing Inpatient Capacity <input type="checkbox"/> Recommendation 2.3 Reimbursement Rate Increase and Review <input type="checkbox"/> Recommendation 2.4 Suicide Prevention <input type="checkbox"/> Recommendation 2.5 Problem Gambling and Other Addictions Fund <input type="checkbox"/> Recommendation 2.6 Expand Mental Health Intervention Team Program 	<ul style="list-style-type: none"> <input type="checkbox"/> Recommendation 3.1 Crisis Intervention Centers <input type="checkbox"/> Recommendation 3.2 IPS Community Engagement
Prevention and Education	Treatment and Recovery	Special Populations
<ul style="list-style-type: none"> <input type="checkbox"/> Recommendation 4.1 988 Suicide Prevention Line Funding <input type="checkbox"/> Recommendation 4.2 Early Intervention <input type="checkbox"/> Recommendation 4.3 Centralized Authority <input type="checkbox"/> Recommendation 4.5 Trauma-Informed Care <input type="checkbox"/> Recommendation 4.7 Normalize Behavioral Health Discussions 	<ul style="list-style-type: none"> <input type="checkbox"/> Recommendation 5.1 Psychiatric Residential Treatment Facilities <input type="checkbox"/> Recommendation 5.3 Frontline Capacity 	<ul style="list-style-type: none"> <input type="checkbox"/> Recommendation 6.1 Domestic Violence Survivors <input type="checkbox"/> Recommendation 6.2 Parent Peer Support <input type="checkbox"/> Recommendation 6.6 Medicaid Postpartum Coverage
Data Systems	Legal System and Law Enforcement	System Transformation
<ul style="list-style-type: none"> <input type="checkbox"/> Recommendation 7.1 State Hospital EHR <input type="checkbox"/> Recommendation 7.2 Data and Informed Survey Opt-Out <input type="checkbox"/> Recommendation 7.3 Information Sharing <input type="checkbox"/> Recommendation 7.4 Needs Assessment 	<ul style="list-style-type: none"> <input type="checkbox"/> Recommendation 8.1 Correctional Employees <input type="checkbox"/> Recommendation 8.2 Criminal Justice Reform Commission Recommendations <input type="checkbox"/> Recommendation 8.3 Law Enforcement Referrals <input type="checkbox"/> Recommendation 8.6 Specialty Court Coordinators 	<ul style="list-style-type: none"> <input type="checkbox"/> Recommendation 9.1 Regional Model <input type="checkbox"/> Recommendation 9.2 Long-Term Care Access and Reform <input type="checkbox"/> Recommendation 9.3 Integration

	<input type="checkbox"/> Recommendation 8.7 Competency Evaluation and Restoration	
Telehealth		
<input type="checkbox"/> Recommendation 10.1 Quality Assurance <input type="checkbox"/> Recommendation 10.2 Reimbursement Codes <input type="checkbox"/> Recommendation 10.3 Telehealth for Crisis Services		

The working groups have made recommendations related to the following topics (*Figure D-2*) and indicated that they should be considered of strategic importance. **Recommendations of strategic importance are those for which work should start immediately but will be completed in the long-term.** The full text for each recommendation and working group rationale is available in the body of the report (beginning on [page 11](#)).

Figure D-2. Recommendation Topics of Strategic Importance

Workforce	Funding and Accessibility	Community Engagement
<input type="checkbox"/> Recommendation 1.4 Workforce Investment Plan <input type="checkbox"/> Recommendation 1.5 Family Engagement Plan	n/a	<input type="checkbox"/> Recommendation 3.3 Foster Homes <input type="checkbox"/> Recommendation 3.4 Community-Based Liaison
Prevention and Education	Treatment and Recovery	Special Populations
<input type="checkbox"/> Recommendation 4.4 Behavioral Health Prevention <input type="checkbox"/> Recommendation 4.6 Promoting Social Isolation as a Public Health Issue	<input type="checkbox"/> Recommendation 5.2 Service Array <input type="checkbox"/> Recommendation 5.4 Housing	<input type="checkbox"/> Recommendation 6.3 Crossover Youth <input type="checkbox"/> Recommendation 6.4 I/DD Waiver Expansion <input type="checkbox"/> Recommendation 6.5 Family Treatment Centers
Data Systems	Legal System and Law Enforcement	System Transformation
<input type="checkbox"/> Recommendation 7.5 Cross-Agency Data <input type="checkbox"/> Recommendation 7.6 Outcomes Data	<input type="checkbox"/> Recommendation 8.4 Defining Crossover Youth Population <input type="checkbox"/> Recommendation 8.5 Regional Specialty Courts/Venue Transfer	<input type="checkbox"/> Recommendation 9.4 Evidence Based Practices <input type="checkbox"/> Recommendation 9.5 Family Psychotherapy
Telehealth		
<input type="checkbox"/> Recommendation 10.4 Originating and Distant Site <input type="checkbox"/> Recommendation 10.5 Child Welfare System and Telehealth <input type="checkbox"/> Recommendation 10.6 Telemedicine Committee		

Figure D-3. High Priority Discussion Item

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 healthcare for uninsured, low-income Kansans.”

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

Appendix E. Special Committee and Working Group Membership

2021 Special Committee on Kansas Mental Health Modernization and Reform

- Senator Larry Alley
- Representative Tory Marie Arnberger
- Representative Barbara Ballard
- Representative Will Carpenter
- Senator Renee Erickson
- Senator Michael Fagg
- Senator Tom Hawk
- Representative Brenda Landwehr, Chairperson
- Representative Megan Lynn
- Senator Carolyn McGinn, Vice-chairperson
- Representative Cindy Neighbor
- Representative Adam Smith
- Representative Rui Xu
- *David Long, Committee Assistant*

2021 Special Committee on Kansas Mental Health Modernization and Reform Roundtable

- Jean Clifford, District 5, Kansas State Board of Education
- Wes Cole, Governor's Behavioral Health Services Planning Council
- Sarah Fertig, State Medicaid Director, Kansas Department of Health and Environment
- Coni Fries, Blue Cross and Blue Shield of Kansas City, Vice President Governmental Relations
- Honorable Bruce Gatterman, Chief Justice, Pawnee County
- Erin George, Person with Lived Experience

- Greg Hennen, Executive Director, Four County Mental Health Center, Inc
- 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)
- Sheriff Scott King, Sheriff, Pawnee County
- Spence Koehn, Court Services Specialist, Office of Judicial Administration
- Rachel Marsh, Executive Director, Children’s Alliance of Kansas
- Laura McCray, President and CEO, Konza
- Sunee Mickle, Vice President Government and Community Relations, Blue Cross and Blue Shield of Kansas
- Honorable Sally Pokorny, Judge, Douglas County
- Kandice Sanaie, Senior Director of State Government Affairs, Cigna
- Don Scheibler, Chief of Police, Hays
- Sherri Schuck, Attorney, Pottawatomie County
- Rennie Shuler-McKinney, Director of Behavioral Health, AdventHealth Shawnee Mission
- Lisa Southern, Executive Director and Clinician, Compass Behavioral Health
- Deborah Stidham, Director of Addiction and Residential Services, Johnson County Mental Health Center
- Kelsee Torrez, Behavioral Health Consultant, Kansas Department of Health and Environment
- Honorable Robert Wonnell, Judge, Johnson County

Services and Workforce Working Group

- Senator Larry Alley
- Charles Bartlett, Co-chair, 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

- Rachel Brown, Chairperson, Department Psychiatry and Behavioral Sciences, KUMC-Wichita
- Wes Cole, Chair, Governor's Behavioral Health Services Planning Council
- Senator Renee Erickson
- Senator Michael Fagg
- Sarah Fertig, State Medicaid Director, Kansas Department of Health and Environment
- Erin George, Person with Lived Experience
- Gary Henault, Director of Youth Services, Kansas Department for Aging and Disabilities Services
- Greg Hennen, Executive Director, Four County Mental Health Center, Inc
- Laura Howard, Secretary of Kansas Department for Aging and Disabilities Services and Kansas Department for Children and Families
- Shane Hudson, Co-chair, Chief Executive Officer, CKF Addiction Treatment
- Don Jordan, Former Superintendent, Osawatomie State Hospital, Former Secretary, Social and Rehabilitation Services (SRS)
- Representative Megan Lynn
- Rachel Marsh, Executive Director, Children's Alliance of Kansas
- Christina Morris, Regional Director, Government Affairs, CVS Health
- Sherri Schuck, Attorney, Pottawatomie County
- Cassandra Sines, Parent, Advocate
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- Kelsee Torrez, Behavioral Health Consultant, Kansas Department of Health and Environment
- William Warnes, Co-chair, Medical Director for Behavioral Health, Sunflower Health Plan

System Capacity and Transformation Working Group

- Jane Adams, Keys for Networking
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- Andy Brown, Commissioner of Behavioral Health Services, Kansas Department for Aging and Disabilities Services
- Representative Will Carpenter
- Jean Clifford, District 5, Kansas State Board of Education
- Denise Cyzman, Chief Executive Officer, Community Care Network of Kansas
- Amy Dean-Campmire, Mental Health and Housing Program Manager, Kansas Department of Corrections
- Sandra Dixon, Chief Clinical Officer, DCCCA
- Sheriff Jeff Easter, Sheriff of Sedgwick County, Kansas
- Sarah Fertig, State Medicaid Director, Kansas Department of Health and Environment
- Honorable Bruce Gatterman, Chief Justice, Pawnee County
- Senator Tom Hawk
- 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)
- Kyle Kessler, Co-chair, Executive Director, Association of Community Mental Health Centers of Kansas, Inc.
- Sheriff Scott King, Sheriff, Pawnee County
- Spence Koehn, Court Services Specialist, Office of Judicial Administration
- Laura McCray, President and CEO, Konza
- Christina Morris, Regional Director, Government Affairs, CVS Health

- Josh Mosier, Manager of Client Services KHIN
- Representative Cindy Neighbor
- Honorable Sally Pokorny, Judge, Douglas County
- Don Scheibler, Chief of Police, Hays
- Sherri Schuck, Attorney, Pottawatomie County
- Representative Adam Smith
- Brenda Soto, Deputy Director for Medicaid and Children's Mental Health, Kansas Department for Children and Services (DCF)
- Honorable Robert Wonnell, Judge, Johnson County
- Representative Rui Xu

Telehealth Working Group

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- Sarah Fertig, State Medicaid Director, Kansas Department of Health and Environment
- Jennifer Findley, Vice President for Education and Special Projects, Kansas Hospital Association
- Coni Fries, Blue Cross and Blue Shield of Kansas City, Vice President Governmental Relations
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- Laura Howard, Secretary of Kansas Department for Aging and Disabilities Services and Kansas Department for Children and Families
- Dorothy Hughes, Assistant Professor for Population Health, KU Medical Center
- Chad Johanning, Family Medicine Physician, Lawrence
- Representative Brenda Landwehr, Chairperson, Special Committee
- Stuart Little, Association Representative, Behavioral Health Association of Kansas

- Senator Carolyn McGinn, Vice-Chairperson, Special Committee
- Sunee Mickle, Co-chair, Vice President Government and Community Relations, Blue Cross and Blue Shield of Kansas
- Christina Morris, Regional Director, Government Affairs, CVS Health
- Brittney Nichols, EMSC Coordinator, Kansas Department of Health and Environment
- Dennis Shelby, CEO, Wilson Medical Center
- Kandice Sanaie, Senior Director of State Government Affairs, Cigna
- Rennie Shuler-McKinney, Director of Behavioral Health, AdventHealth Shawnee Mission
- Claudia Tucker, Teladoc Health Inc
- Shawna Wright, Co-chair, Associate Director, KU Center for Telemedicine & Telehealth

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