



A Playbook for Modernizing the Kansas Behavioral Health System

February 16, 2021



WHO WE ARE

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



When “Don’t Spit on the Sidewalk” is Not Enough: Public Health and the COVID-19 Response

February 18, 2021



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A Playbook for Modernizing the Kansas Behavioral Health System

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Kansas Health Institute

AGENDA

1. Report Overview
2. Data Profile
3. Current Legislation
4. Discussion

THE COLLABORATION

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

Roundtable Participants

Legislative Members

Finance &
Sustainability
Working Group

Policy &
Treatment
Working Group

System
Capacity &
Transformation
Working Group

Telehealth Subgroup

THE COLLABORATION

Special Committee on Mental Health Modernization and Reform

Governor's
Behavioral
Health
Services
Planning
Council

Governor's
Substance
Use
Disorder
Task Force
(2018)

Mental
Health Task
Force
(2018 &
2019)

Crossover
Youth
Working
Group
(2019)

Child
Welfare
System
Task Force

“

The behavioral health system refers to the system of care that includes the promotion of mental health, resilience and well-being; the prevention, referral, diagnosis, and treatment of mental and substance use disorders; and the support of persons with lived experience in recovery from these conditions, along with their families and communities.

REPORT OVERVIEW

- Workforce
- Funding and Accessibility
- Community Engagement
- Prevention and Education
- Treatment and Recovery
- Special Populations
- Data Systems
- Legal System
- System Transformation
- Telehealth

Navigating this Report

High Priority Items

Immediate Action are those that the Working Group believe can be completed in the next **two years**.

Strategic Importance are those that should be initiated in the near term but will be completed in the **longer term**.

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



WORKFORCE

A modernized workforce is one where behavioral health staffing is adequate to meet needs across rural, frontier and urban areas of the state. Telehealth will play a role in meeting needs, but local staffing will remain important. Modernization will require both growing the workforce and retaining staff. (See page 7).



FUNDING & ACCESSIBILITY

A modernized approach to funding behavioral health will require continuous and timely pursuit of new funding mechanisms to ensure that reimbursement rates are competitive. Accurate and appropriate funding of care for Kansans is a key element of a sustainably funded, modern behavioral health system. A modern system will identify the right populations to serve, make services meaningfully accessible and rely on measurable outcomes to drive decisions. (See page 11).



COMMUNITY ENGAGEMENT

Effective community engagement in a modernized behavioral health system will include a collaboration of individuals in recovery and behavioral health providers to support key efforts. Key efforts include those to support employment, re-entry planning for incarcerated individuals, behavioral health supports and education for foster homes. (See page 17).



PREVENTION & EDUCATION

Modernized prevention efforts will seek to meet the behavioral health needs of populations at increased risk for poor outcomes, requiring a collaborative, trauma-informed approach and appropriate funding. (See page 22).



TREATMENT & RECOVERY

A modernized behavioral health system will deliver an expanded array of early, affordable, accessible, evidence-informed behavioral health services for all, with an emphasis in serving consumers in the settings that are most likely to support effective engagement with treatment, and with meaningful coordination and collaboration across disciplines and settings. (See page 26).



SPECIAL POPULATIONS

To serve special populations in a modernized behavioral health system, data, consumers and families will drive the system. Building on existing strengths, a modernized approach will be integrated, proactive and responsive whenever there is a need or a self-identified crisis, and data will be used to understand disparities. (See page 30).



DATA SYSTEMS

A modernized system will require a seamless, real-time data system with multi-directional data sharing among behavioral health providers, other health care providers and systems, community organizations, social service providers and payers. A collaborative data system will support reporting of measurable outcomes while maintaining privacy protections. (See page 35).



INTERACTIONS WITH THE LEGAL SYSTEM & LAW ENFORCEMENT

Through collaboration, a modernized behavioral health system will have the ability to make timely connections for individuals in crisis to services in the least restrictive setting appropriate to ensure safety. (See page 40).



SYSTEM TRANSFORMATION

A modernized system will work in both evidence-based treatment and prevention with focus on the patients to address a continuum of needs. Transformation will result in a mission-driven, rationally funded and outcome-oriented system that uses data to identify problems and develop solutions. (See page 44).



TELEHEALTH

A modernized behavioral health system will deliver technologically current telehealth services as a strategy to provide meaningful access to care across rural, frontier and urban areas. 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. (See page 49).

DATA PROFILE

PROCESS MEASURE

Measure:	Number	Percent
Kansas counties recognized as a Mental Health Professional Shortage Area . <i>Lower number/percentage of counties is better.</i>	99 (2019)	94.3% (2019)

DATA PROFILE

OUTCOME MEASURES				
Measure:	Kansas current (year)	Kansas previous (year)	U.S. current (year)	U.S. previous (year)
Uninsured rate (adults age 19-64). <i>Lower rates are better.</i>	13.1% (2019)	12.6% (2018)	12.9% (2019)	12.5% (2018)
Uninsured rate (children age 0-18). <i>Lower rates are better.</i>	5.8% (2019)	5.1% (2018)	5.7% (2019)	5.2% (2018)
Statewide age-adjusted mortality rate for suicide per 100,000 population. <i>Lower rates are better.</i>	19.9% (2017)	19.2% (2016)	15.2% (2017)	14.7% (2016)

DATA PROFILE

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>	2021	2020	2019	2018	2017	2016	2015
Kansas rankings: overall.	#29	#42	#24	#19	#21	#15	#19
Kansas ranking: Adult (prevalence and access to care).	#38	#43	#28	#22	#23	#16	#23
Kansas ranking: Youth (prevalence and access to care).	#26	#37	#21	#19	#18	#15	#8
Kansas ranking: Adults with mental illness who report unmet needs.	#51	#46	#29	#39	#38	#28	#51
Kansas ranking: Youth with at least one major depressive episode who did not receive mental health services.	#18	#47	#40	#29	#12	#12	NA

LEGISLATIVE HIGHLIGHTS

Legislative Action

HB 2208, related to clinical social work licensing requirements, supervision and expanding out-of-state temporary permits to practice.

Related MHMR Recommendation

Rec 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.

LEGISLATIVE HIGHLIGHTS (2)

Legislative Action	Related MHMR Recommendation
SB 43 , Promise Scholarships Act, which would provide postsecondary educational scholarships for certain (including mental and physical healthcare) two-year associate degree programs, career and technical education certificates and other stand alone-programs.	Rec 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.

LEGISLATIVE HIGHLIGHTS (3)

Legislative Action	Related MHMR Recommendation
HB2159 (SB139) , permitting the administration of certain tests, questionnaires, surveys and examinations regarding student beliefs and practices on an opt-out basis and providing conditions therefor.	Rec 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 from an opt-in consent to an informed opt-out consent, to allow for meaningful data collection.

LEGISLATIVE HIGHLIGHTS (4)

Legislative Action

HB 2206, Kansas Telemedicine Act, which would modify certain provisions in the Kansas telemedicine act, including updating the definitions of “distant site,” to allow providers to offer services in a private location, and “originating site,” to allow patients to receive services at home; adding a provision to specifically allow referral to specialty services via telemedicine; and requiring telemedicine providers coordinate care to the extent possible with a patient’s regular care providers.




Related MHMR Recommendation

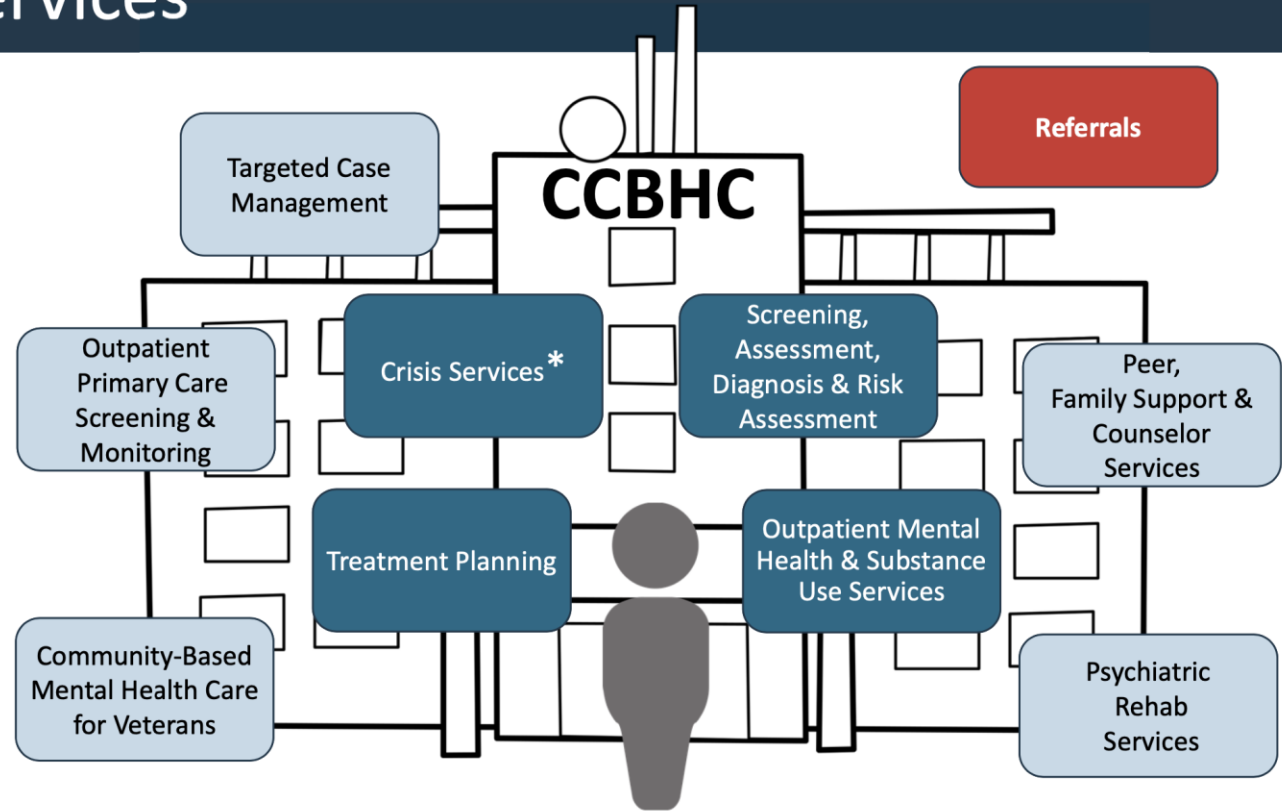
Rec 10.4 Originating and Distant Sites. The following items should be addressed to ensure that individuals receive — and providers offer — telehealth in the most appropriate locations: adopt a broad definition of originating site, consistent with the Kansas Telemedicine Act; allow staff to provide services 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.

LEGISLATIVE HIGHLIGHTS (5)

Legislative Action	Related MHMR Recommendation
<p>HB 2160 (SB 138), establishing certification and funding for certified community behavioral health clinics (CCBHCs).</p>	<p>Rec 2.1. CCBHC. 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.</p>

Required Services

-  Must be provided directly by CCBHC
-  May be provided through formal relationships with Designated Collaborating Organizations (DCOs)
-  Referrals are to providers outside the CCBHC and DCOs



BREAKOUT ROOMS

- Of the issues you've heard about today, what is the most immediate need?
- What groundwork needs to be laid now to modernize the behavioral health system in KS?
- What has been missing so far?



KANSAS HEALTH INSTITUTE

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THANK YOU

Any questions?

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