

Behavioral Health Recommendations

Stakeholder Questions:

1. Are KanCare consumers able to access appropriate behavioral health services when needed?
 - a. Does access vary by geography, race/ethnicity, etc.?
2. What is the quality of behavioral health services received by KanCare consumers?

Research Questions:

1. Are KanCare members able to access mental health services when needed?
2. Are KanCare adult members with SPMI able to access mental health services when needed?
3. Are KanCare youth experiencing SED able to access mental health services when needed?
4. Are KanCare members with SUD able to access SUD services when needed?
5. What is the quality of mental health services received by KanCare consumers?
6. What is the quality of substance use disorder services received by KanCare consumers?
7. Has telemedicine increased access for KanCare members experiencing SPMI, SED or SUD?

The KMMC recommends that meaningful measures in *Figure 1* (page 3) be considered for understanding behavioral health needs and experiences within KanCare. These measures consider the prevalence of behavioral health disorders in KanCare, whether services can be accessed in a timely manner, and what the quality and outcomes associated with services are. These topics were chosen to better understand the prevalence of behavioral health needs within KanCare and how well those needs are being met.

In discussions, KMMC task group members highlighted the need to delineate differences by data source, as not all data sources covering similar topics may be directly comparable. Task group members also highlighted that the services individuals are eligible to receive are often limited by their diagnosis, which may restrict access to other needed services.

The group noted that the Mental Health Statistics Improvement Program (MHSIP) — the mental health consumer survey used in Kansas since 2010 — will be replaced by the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Experience of Care and Health Outcomes (ECHO) Survey in 2021. The survey questions in ECHO are applicable to both mental health and substance use disorder (SUD) services. Given this upcoming change, the KMMC chose to focus on recommending meaningful measures related to ECHO instead of MHSIP but noted that the MHSIP is still a meaningful data source given the amount of longitudinal information available.

Specific recommendations from the KMMC include:

Behavioral Health 1: Develop a summary report of meaningful measures for behavioral health (*Figure 1, page 2*) that include information on the prevalence of behavioral health disorders, timely access to services, and quality and outcomes.

- a) Prevalence of behavioral health disorders: proportion of KanCare members with mental health disorders, SUDs or co-occurring diagnoses of varying levels of severity.
- b) Access to services: KanCare member ability to access services, with a focus on receiving services in a timely manner.
- c) Quality & Outcomes: the quality of behavioral health services received by KanCare members, in addition to outcomes associated with those who have behavioral health disorders.

Behavioral Health 2: Explore the ability to incorporate additional metrics related to the effectiveness of prevention efforts in the state, including a focus on children in the child welfare system or at-risk of entering the child welfare system.

Behavioral Health 3: Report additional information on the extensiveness of homelessness within the behavioral health population in KanCare, building on information currently reported for those with serious and persistent mental illness (SPMI).

- a.) Consistent definitions of homelessness should be used across populations.

Figure 1. Meaningful Measures Related to Behavioral Health

Population	Meaningful Measures	Data Source	Reported?
Behavioral Health Prevalence			
General	Number of days Kansans reported poor mental health status in the last 30 days	BRFSS	?*
General	Percentage of consumers who received age-appropriate screening (SBIRT)	Claims	?
General	Percentage of consumers with a positive full screen who received a brief intervention, a referral to treatment, or both (SBIRT)	Claims	?
General	Percentage of consumers with a behavioral health diagnosis	AIMS , claims, TEDS/KSURS	?
General	Percentage of consumers with co-occurring mental health and SUD diagnoses	AIMS , claims, TEDS/KSURS	?
General	Total % of consumers who are current smokers	CAHPS	KanCare EQR Report
General	Percentage of consumers who received treatment for both mental health and SUD	ECHO, claims	Available in 2022
Access to Services			
General	Kansans who reported they did not get needed mental health care services	SAMHSA - NSDUH	?*
General	Positive responses to: "In the last 12 months, not counting times you needed counseling or treatment right away, how often did you get an appointment for counseling or treatment as soon as you wanted?"	ECHO	Available in 2022
General	Positive responses to: "In the last 12 months, not counting times you needed counseling or treatment right away, how often did you get an appointment for counseling or treatment as soon as you wanted?"	ECHO	Available in 2022
General	In the last 12 months, how many times did you go to an emergency room or crisis center to get counseling or treatment for yourself?	ECHO	Available in 2022
Adult, MH	Follow-Up after hospitalization for mental illness, within seven days of discharge (FUH)	HEDIS	KanCare EQR Report
	Follow-Up After Emergency Department Visit for Mental Illness	HEDIS	KanCare EQR Report
SUD	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence Age 13 and older	HEDIS	KanCare EQR Report

Population	Meaningful Measures	Data Source	Reported?
SUD	Follow-Up After High-Intensity Care for Substance Use Disorder Age 13 or older	HEDIS	KanCare EQR Report
Child	Percentage of 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.	CTS & AIMS	FY 2021 Mental Health Block Grant Report*
Adult	Percentage of adults, age 18 and older, that received crisis intervention services (30) calendar days prior to a screen resulting in admission to a State Mental Health Hospital (SMHH) or State Hospital Alternative (SHA) as utilized by the Osawatomie Temporary Census Diversion Funds (OTCDF)	CTS & AIMS	FY 2021 Mental Health Block Grant Report*
SUD	Percentage of individuals receiving MAT, including for alcohol, opioid, tobacco disorders	Claims	?
SUD	Initiation of Alcohol or Other Drug Abuse or Dependence Treatment (Total)	HEDIS	KanCare EQR Report
SUD	Engagement of Alcohol or Other Drug Abuse or Dependence Treatment (Total)	HEDIS	KanCare EQR Report
SUD	Medical Assistance with Smoking and Tobacco Use Cessation	CAHPS	KanCare EQR Report
General	Wait time to access state hospital services	?	?*
Quality & Outcomes			
General	Mortality estimates of individuals with behavioral health diagnoses	?	?
General	Disease burden of behavioral health diagnoses	?	?
General	Compared to 12 months ago, how would you rate your ability to deal with daily problems now?	ECHO	Available in 2022
General	Compared to 12 months ago, how would you rate your problems or symptoms now?	ECHO	Available in 2022
General	Compared to 12 months ago, how would you rate your ability to accomplish the things you want to do now?	ECHO	Available in 2022
Child	Use of Multiple Concurrent Antipsychotics in Children and Adolescents	HEDIS	KanCare EQR Report
Adult, MH	Antidepressant Medication Management – Effective Acute Phase Treatment	HEDIS	KanCare EQR Report
Adult, MH	Antidepressant Medication Management – Effective Continuation Phase Treatment	HEDIS	KanCare EQR Report

Population	Meaningful Measures	Data Source	Reported?
Adult, MH	Adherence to Antipsychotic Medications for Individuals With Schizophrenia Age 18 and older	HEDIS	KanCare EQR Report
Adult, SPMI	Number and percent of KanCare Adults, diagnosed with SPMI, who were competitively employed	AIMS	?
Adult, SPMI	Number and percent of adults with SPMI who were homeless at the beginning of the reporting period that were housed by the end of the reporting period	AIMS	?
Youth, SED	Number and percent of youth experiencing SED who experienced improvement in their residential status	AIMS	?
Youth, SED	Number and percent of KanCare youth receiving MH services with improvement in their Child Behavior Checklist (CBCL Competence T-scores)	AIMS	?
SUD	The number and percent of members receiving SUD services whose living arrangements improved	TEDS/KSURS	?
SUD	The number and percent of members receiving SUD services whose drug and/or alcohol use decreased	TEDS/KSURS	?
SUD	The number and percent of members receiving SUD services whose employment status was improved or maintained (P4P 2014–2016)	TEDS/KSURS	?

Note: Given the way that behavioral health services are currently funded and corresponding reports are generated, not all existing measures only include KanCare members. Measures that include more than just KanCare members have been flagged with an asterisk (*).