

Work Group 1: Finance & Sustainability

Note: To provide current context, this crosswalk incorporates state agency updates provided to the Special Committee on August 27. It is not an exhaustive list of all agency actions taken in response to prior recommendations and largely focuses on task force recommendations.

Topic 1. Workforce				
Child Welfare System Task Force	Governor's Behavioral Health Services Planning Council Subcommittees	Governor's Substance Use Disorders Task Force	Mental Health Task Force	Crossover Youth Working Group
<p>Tier One Recommendation: Workforce. The State of Kansas should invest in the child welfare system workforce by increasing funding for recruitment, retention, and support to effectively attract and retain high-quality staff.</p> <p>Tier Three Recommendation: Front-End Staffing. The Department for Children and Families (DCF) should employ highly skilled and experienced front-end child welfare staff.</p>	<p>Committee on Alcohol and Other Drug Abuse (CAODA) Counseling Recommendations. Support initiatives that provide tuition reimbursement for addiction counselors equal to those provided to other behavioral health professionals. Support better funding for agencies so the agencies may provide compensation and benefits sufficient to encourage prospective professionals to seek training and licensure.</p> <p>CAODA Recommendation. Recommend the number of clinical supervision hours required of addiction counselors to obtain clinical licensure be reduced from 4,000 to 3,000, similar to the reduction in clinical hours of social workers.</p> <p>Children's Subcommittee (CS) Recommendation. 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</p>	<p>TR19. Workforce Development. Implement workforce development programs to increase capacity of addiction professions.</p>	<p>Recommendation 5.1 Workforce Study (2019). Initiate a comprehensive workforce study statewide to examine challenges experienced by employers in reaching optimal staffing levels to provide services. [Agency update: KDADS has engaged the Mental Health Technology Transfer Centers (MHTTC; regional training and best practice sharing, funded by SAMHSA) and BHS staff to outline goals and objectives of the study, draft a proposal with timelines and required resources to conduct the study, and identify key stakeholders. Progress has stalled in part due to COVID-19 emergency priorities.]</p> <p>Recommendation 5.2 Peer Support (2019). Encourage integration of peer support services and Kansas-certified peer mentoring services (substance use disorder [SUD]) into multiple levels of service, including employment services at community mental health centers (CMHCs), hospitalization, discharge, and transition back to the community. [Agency update: KDADS has updated the online training provided through WSU and is partnering with consumer</p>	<p>No relevant considerations.</p>

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	program and school levels, in partnership with families.		<p>organizations to encourage participation. KDADS has included performance-based measures in the MCO contracts that encourage additional incentives for providers to utilize peer support in treatment plans. KDADS implemented 10% rate increase for block grant and Medicaid peer services.]</p> <p>Recommendation 5.3 State Loan Repayment Program (2019). Require a report on increasing the number of psychiatrists and psychiatric nurses.</p>	

Topic 2. Funding and Accessibility				
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<p>Tier One Recommendation: Access to Care. The State of Kansas should require access to high-quality and consistent medical and behavioral health care for Medicaid-eligible high-risk youth through the Medicaid state plan or other appropriate sources of funding. [Agency update: DCF established a Director of Medicaid and Children's Mental Health in summer of 2020 and has a had Medicaid Liaison position funded and filled in the Prevention and Protection Services Division to support coordination and knowledge of health care coverage. DCF issued a bid request through Department of Administration for Kansas Family Crisis Response and Support for crisis intervention services with proposals under review. DCF works closely with KDHE and KDADS on cross agency workgroups to address high needs and general foster care population. CMHCs provide assessment and treatment services in school districts through KSDE funding. Foster Care Grantees will amplify their work to assure more youth are referred in these pilot school districts. Care coordination is provided to some of the foster youth assigned to an MCO. DCF and foster care grantees implemented a medical</p>	<p>Suicide Prevention Workgroup (SPW) Recommendation. Assist local suicide prevention efforts and promote local support groups in fund-raising efforts, building capacity, and increasing availability for survivors of suicide loss.</p> <p>Prevention Subcommittee (PS) Recommendations: Allocate resources to prioritized areas of need through data-driven decision-making. Increase access and availability of behavioral health services by restoring funding for CMHCs and supporting efforts to recruit students to enter the behavioral health services community. Dedicate resources and funding for suicide prevention.</p> <p>Vocational Subcommittee (VOS) Recommendations. Actively seek out and provide grants to CMHCs from the State General Fund to offset costs initiating and implementing Individual Placement and Support (IPS) Supported Employment model.</p> <p>CAODA Recommendation. Facilitate a pursuit of grant funding. Recommend creating a new state-level grant-support position to work directly with agencies to help secure and maintain these opioid-related</p>	<p>TR3. Prior Authorizations. Remove prior authorization requirements for MAT (medication-assisted treatment).</p> <p>TR5. Opioid Addiction Project ECHO. Identify funding for Opioid Addiction Project ECHO telementoring. [Agency update: KDHE's Overdose Data To Action funds (OD2A), implemented 10-session Project ECHO on Navigating Pain Prescribing and SUD in June/July 2020. A total of 307 KS health care providers participated in the series.]</p> <p>TR10. Mental Health Parity. Review procedures for mental health parity laws to ensure compliance.</p> <p>TR11. IMD Waiver. Explore waiver of Medicaid Institutions for Mental Diseases (IMD) exclusion for mental health and substance use disorder treatment and support current IMD exclusion waiver for residential services for substance use treatment. [Agency update: KDADS has begun implementing the SUD IMD exclusion demonstration.]</p> <p>TR13. KanCare. Recommend a full expansion of Medicaid in order to</p>	<p>Recommendation 1.1 Addressing Capacity (2019). Implement and fund a comprehensive plan to address voluntary and involuntary hospital inpatient capacity needs while providing all levels of care across all settings. [Agency update: The Governor's plan to end the moratorium at Osawatomie State Hospital is funded to remodel space and add capacity. State Institute Alternatives: Medicaid/contract beds combined solution is near implementation to add capacity through regional hospitals. Could potentially also add access in more rural areas. COVID-19 required restricting patient numbers at OSH and LSH but the agency is committed to implementing the plan as approved by the 2020 Legislature. Staffing is more stable with the wage increases from Gov Executive Order but a continuing challenge in order to provide quality treatment and safety. Implementation should allow moratorium to be lifted by the beginning of FY22. KDADS has also established a new Hospital Commission and appointed a new Deputy Secretary to oversee the state institutions.]</p> <p>Recommendation 1.2 Regional</p>	<p>No relevant considerations.</p>

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<p>history form from the Kansas Chapter of the American Academy of Pediatrics (KAAP). KDADS currently works with KDHE on offering SED waiver services. KDADS has taken measures to address the PRTF wait list]</p> <p>Tier Two Recommendation: Service Setting. The State of Kansas should prioritize delivering services for children and youth in natural settings, such as, but not limited to, homes, schools, and primary care offices, in the child's community when possible. The needs of the child and family should be the most important factor when determining the settings where services are delivered. [Agency update: Family First Act: FFPSA places an emphasis on in-home parent skill-based programs to keep families intact. The FFPSA also interprets "in-home" broadly meaning a child can live in the home of a parent or relative caregiver and still receive services. Foster Care Case Management Grants: Evidence-based screening and interventions focus on best practice for services including the setting of services. Family Team Decision Making: Practice implementation began</p>	<p>funds as well as other addiction prevention and treatment opportunities. A state-level coordinator could provide the grant-specific expertise.</p> <p>CAODA Recommendation. 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.</p> <p>CAODA Recommendation. Allow addiction counseling agencies to become approved providers for co-occurring issues providing they have the appropriate resources to do so. This expansion of services should only apply to addiction counseling clients with co-occurring issues, not to general mental health clientele.</p> <p>CAODA Recommendation. Continue the IMD exclusion waiver for residential SUD treatment facilities in Kansas.</p> <p>CAODA Recommendation. Adopt coding practices that allow for the integration of CMHC, primary care,</p>	<p>increase access to healthcare for uninsured, low-income Kansans.</p> <p>TR15. Senate Bill 123. Assure adequate funding for SB 123 (2003) [provides certified SUD treatment for offenders convicted of drug possession who are nonviolent with no prior convictions] to allow appropriate provision of medically necessary treatment services and allow for an expanded list of qualifying offenses.</p> <p>TR17. Addiction Treatment. Create additional services for the treatment of addiction as well as any co-occurring mental health diagnoses. [Agency update: KDADS has been seeking increased state funding for SUD treatment and recovery services, to support expansion of supportive housing and employment services for people returning to communities after inpatient treatment.]</p> <p>TR18. Sober Housing. Study the efficacy of sober housing and strategies for success from other states including funding mechanisms.</p>	<p>Community Crisis Center Locations (2019). Develop regional community crisis centers across the state including co-located or integrated SUD services. [Agency update: KDADS regulations pending - target Fall 2021. Medical necessity determination is contracted to the MCOs. Meet monthly with MCOs. Codes may require updates for CIA. Regulations for the Crisis Intervention Act are being drafted and should be available to license new Crisis Intervention Centers in 2021 and will include uniform Medical Necessity Criteria. KDADS continues to seek partners to establish crisis centers, new centers, new centers funded by SGF while Lottery funding is accumulated. Manhattan and Hays since FY19, Douglas County FY21. KDADS continues to work with KDADS budget and providers to examine feasibility of expanding crisis locations. KDADS reviewed current crisis center contracts and defines minimum levels of SUD related services. It is the expectation of the agency that any new proposal will include SUD services.]</p> <p>Recommendation 2.1 Reimbursement Rates (2019). Facilitate a detailed review of the</p>	

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<p>October 2019 in Kansas City and Southeast KS with Annie E. Casey Foundation and National Center for Crime and Delinquency to strengthen safety planning in facilitated meetings with families, relatives, schools and community supports. Family Finding Practice Approach: Aetna Better health of Kansas is sponsoring Kevin Campbell Family Finding model implementation across all DCF, Juvenile Justice, CASA and DCF foster care grantees. This foundational approach emphasizes creating connections and plans of lifetime networks for connection to community and family. Placement Array Relative Rate and Support: Daily payment rates for relatives caring for children in the custody of the Secretary range from \$11-\$108 per day based on needs of a child. Relative caregivers have the same benefits of stability payment for days when a child temporarily needs acute mental health or hospital care. KDHE established KSKidsMAP, a program that supports primary care physicians and clinicians in the early identification and treatment of children and adolescents with uncomplicated mental illness.]</p>	<p>and behavioral health services to reduce the waste and gaps in service.</p>	<p>PE6. K-TRACS Funding. K-TRACS should be sustainably funded by the State General Fund after any available grant funding is exhausted.</p>	<p>costs and reimbursement rates for behavioral health services, including mental health and substance use disorder treatment, and update rates accordingly. [Agency update: KDADS achieved 2.1.c. equalization for Medicaid substance use disorder treatment rates with rates paid under the Federal Block Grant - effective Fall 2020. For 2.1.a. and b., there is currently no formal rate study requirement in statute to compare reimbursement rates to the cost of treatment delivery as provided for some other categories. For 2.1.d., KDADS continues to explore options for CCBHC programs that model outcome-based payment. For 2.1.e., KDADS will continue to explore options.]</p> <p>Recommendation 2.3 Excellence in Mental Health (2019). Support expansion of the federal Excellence in Mental Health Act and then pursue participation. [Agency update: KDADS supports the Excellence in Mental Health Act and will explore. There currently is no opportunity for Kansas to participate. Kansas CMHCs had opportunity to apply for FY20 SAMHSA CCBHC expansion grant.]</p>	

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<p>Tier Three Recommendation: Maximizing Federal Funding. The State of Kansas should conduct an audit of potential funding streams by program area to ensure the State is maximizing federal benefits.</p> <p>Tier Three Recommendation: Resources and Accountability. The State of Kansas and DCF should provide services that are in the best interest of children in their care by supporting a system that is accountable and resourced well enough to provide the needed services. Considerations should include, but not be limited to, the awarding of funds based upon qualifications and not financial factors, improving workforce morale and tenure, and providing technology to improve efficiencies.</p>			<p>Recommendation 2.4 IMD Waiver (2019): Seek revocation or waiver of the federal IMD exclusion rule to allow federal Medicaid funds for both SUD and psychiatric inpatient treatment. [Agency update: For 2.4.a, CMS approved KanCare Section 1115 demonstration extension, including the ability to provide SUD services to beneficiaries in an IMD setting, on Dec. 18, 2018. Fully implemented FY20. For 2.4.b., KDADS developing implementation plan for IMD exemption for Mental Health for CMS approval. Target FY21 - part of Governor's plan to lift the OSH moratorium. 2.4.c. has been completed. For 2.4.d., Beneficiaries are not disenrolled but do have to be reconnected with MCO after coming out of IMD.]</p> <p>Recommendation 2.5 Medicaid Expansion (2019). Adopt Medicaid expansion to cover adults under the age of 65 with income up to 138 percent of the federal poverty level (FPL) to pursue solutions for serving the uninsured and underinsured, which will improve access to behavioral health services. [Agency update: KDADS continues to support legislation.]</p>	

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			<p>Recommendation 2.4 Funding for Crisis Stabilization Centers (2018) [Note: Incorporated into Recommendation 1.2 in 2019 report.] If Crisis Stabilization Centers are to be part of the state safety net system, the State must provide ongoing base funding for these services. The structure of Medicaid should be robust enough to sustain these services. Make sure that services are available to the uninsured and underinsured.</p> <p>Recommendation 3.2 Number of Beds (2018). Develop a plan to add more than 300 additional hospital beds, or create and expand alternatives that would reduce the number of new beds needed. The Kansas Department for Aging and Disability Services (KDADS) should execute a study to determine a Kansas-specific estimate of beds needed, while simultaneously moving forward with implementing other recommendations included in this report to provide a functioning safety net to eliminate the waiting list at Osawatomi State Hospital. [Agency update: See Recommendation 1.1.]</p>	

Topic 3. Community Engagement				
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<p>Tier Two Recommendation: Reintegration Support. The State of Kansas should provide consistent, individualized, evidence-based support throughout reintegration for children in need of care and caregivers, including, but not limited to, parents and foster parents.</p> <p>Tier Two Recommendation: Foster Homes. The State of Kansas should invest in foster home recruitment and retention by increasing funding for supplemental training and providing additional financial incentives that support older youth, high-needs children, and birth families, as well as modifying licensing requirements.</p> <p>Tier Three Recommendation: Court Appointed Special Advocates (CASAs). The Legislature shall fund CASAs to ensure the availability of CASA volunteers in all jurisdictions, without disrupting the current funding CASAs receive from the State of Kansas.</p>	<p>Service Members, Veterans, and their Families (SMVF) Recommendation. Increase engagement of stakeholders, consumers, families, and employers through the Kansas Department of Health and Environment (KDHE) or KDADS by requiring agencies implementing IPS to create opportunities for assertive outreach and engagement for consumers and families.</p> <p>Justice Involved Youth and Adult Subcommittee (JIYAS) Recommendations. Engage community partners using three pilot communities that the workgroup identified, which would involve a coordinated effort between the Kansas Department of Corrections (KDOC), CMHCs, and SUD providers.</p> <p>SPW Recommendations. Encourage the development of new local coalitions and enrichment of collaborating existing local coalitions each bringing unique perspectives and resources for effective suicide prevention initiatives. Support and increase availability of support groups for survivors of suicide loss.</p>	<p>Prev4. Community Collaboration. Increase collaboration with community partners to enhance their capacity to develop and implement local-level prevention efforts for prescription drug, illicit opioid, methamphetamine, and other drug misuse and overdose. [Agency update: KDADS supports local prevention coalitions through the Kansas Prevention Collaborative. KDADS has also begun hosting an annual Kansas Prevention Conference to support local communities in their prevention efforts. KDADS also offers a quarterly PreventionWorks Webinar and offers national SAPST prevention training through a cadre of trainers.]</p> <p>TR12. Treatment Navigator. Develop a statewide treatment navigator.</p> <p>LE1. 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 those [justice-involved individuals] with SUD and co-occurring conditions . [Agency</p>	<p>No relevant recommendations.</p>	<p>No relevant considerations.</p>

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		update: KDADS has added community-based jail liaison positions to the CMHC agreements to support pre-release services.]		